

CHEMIST & DRUGGIST

The newsweekly for pharmacy

June 6, 1987

a Benn publication

NPA rejects
GP wife's
pharmacy

Sir Hugh Linstead,
ex-PSGB secretary
and MP, dies

Unichem to bid
for Drummonds

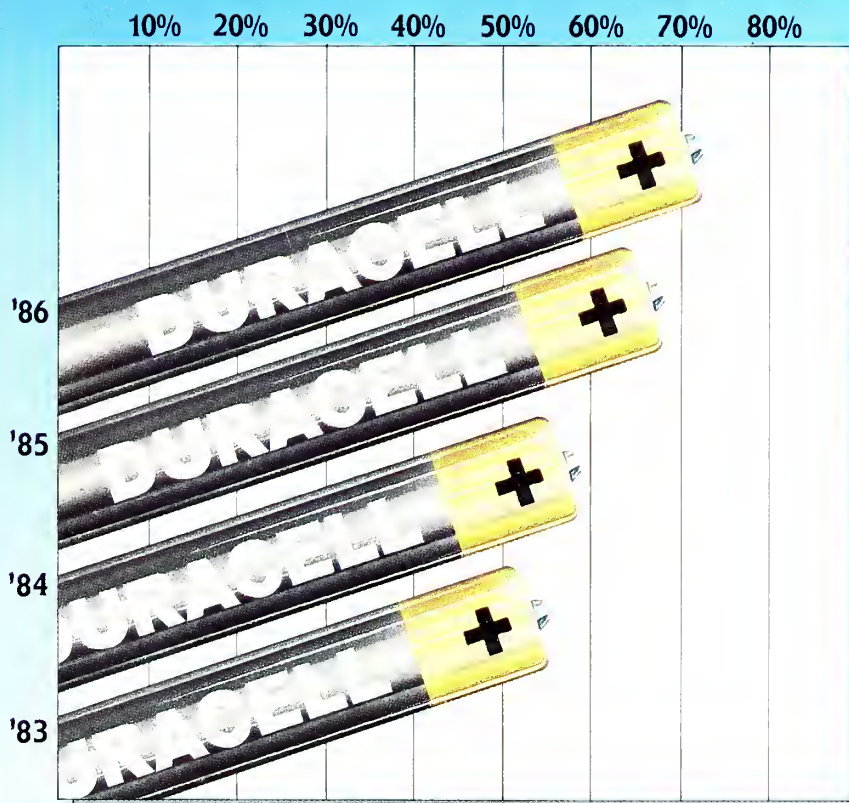
Indigestion:
C&D's first
training seminar

To supervise or not
to supervise?

Out and about:
scientist turns
marketeer

NPA Show Guide
in this issue

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A Reckitt & Colman Pharmacy Product.

References: 1 & 3. IMS Home Medicine Report. 2. Martin-Hamblin Research.

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COMMENT



Last week in Comment we set out some of the ways in which pharmacy trade organisations serve the profession. This week, on p1099, we have a fine example, as the National Pharmaceutical Association refuses to accept into membership a pharmacy deemed too small, but more seriously, having too close an affinity with a doctor's surgery through physical proximity and the marital relationship of the GP and pharmacist proprietor. The NPA Board reaffirms its view that the latter amounts to a doctor having a financial interest in the pharmacy and the former that the "nearness" of the premises gives the undesirable impression that prescriptions could be "directed" between surgery and pharmacy.

The PSGB is presently examining the problem of tiny pharmacies and how their service can be affected by the constraints of scale. That the NPA has managed to lay down its marker so early and so strongly does it credit. In the past it has been criticised for accepting supermarket pharmacies into membership.



However, supermarket pharmacies usually ensure their professional image is exemplary in an endeavour to belie their parentage. While small is often beautiful the merest hint of financial association between GPs and pharmacies could lead to an unwelcome but avoidable lessening of patient confidence.

The NPA speaks for most pharmacy proprietors throughout the profession, excepting Boots and the Co-op. Its Board generally balances the interests of its disparate membership to the advantage of all, without allowing factional or major group interest to dominate. A consensus operates. We have always spoken out against the dominant interest of the major pharmaceutical wholesalers in

the running of independent pharmacies. The recent Vantage Franchise scheme (C&D, April 18, p682) was a case in point. Its merit is that it gives back to independent pharmacists, pharmacies previously in the control of a group. Its disadvantages is that the pharmacy has its independence limited by the franchise "corset". The same comment can equally well be applied to the proposed Unichem initiative to buy up the Drummond chain and sell it back to pharmacists (p1154), presumably through their own finance scheme, tying wholesale purchases to Unichem.

With size comes muscle and the temptation to extend the sphere of influence beyond wholesaling to trade and professional matters in general. Pharmacists already have an effective trade association and professional body. They do not need competing voices in either the wholesale or retail sector. What is needed is a common voice. Pharmacy Week, 1987 may provide the excuse for that voice to be heard as the profession's major organisation co-operate publicly as never before.



NPA says 'no' to GP wife's mini-pharmacy

A pharmacy opening in premises no more than 2.5m sq m. and run by the wife of a doctor from a nearby surgery, has been excluded from membership of the National Pharmaceutical Association.

The Board of Management has reaffirmed its view that a doctor should not have a financial interest in any pharmacy within a catchment area of a doctor's surgery. It is undesirable for pharmacists and doctors to have, or give the impression of having, an interest in each others practices because of the risk that prescriptions might be "directed"; that the doctors' prescribing might be influenced

by motives other than the best interests of the patient, or that patients might feel the choice of pharmacy had been made for them, concluded the Board.

At its May meeting the Board also discussed whether a satisfactory pharmaceutical service can be provided from pharmacies below a minimum size. Members agreed it would be difficult to specify acceptable dimensions, and each case would have to be decided on its merit.

The Board is further considering how membership of the NPA can be used to add weight to the efforts of the Pharmaceutical Society which has responsibility for professional standards (C&D May 16, p922).

PIL(s) provide the answer

Patient information leaflets (PILs) are the best way of meeting the public's increasing desire for more information on medicines, says a new survey from Southampton University.

And pharmacists are the most likely source of PIL distribution, Professor Charles George, head of the research team, told a seminar at the Pharmaceutical Society last week.

A questionnaire sent to a 1 in 200 sample of Southampton residents (740 people; 442 replies) showed that 60 per cent felt not enough had been explained to them about their medicines. A third of those taking medicines did not know of any associated potential side-effects, said Professor George.

Having established the need for PILs, further study and consultation showed that a double-sided leaflet with summarised general information on one side and more detailed data on the other was most popular.

Leaflets on NSAIDs and beta-blockers were then distributed in four towns in Hampshire; pharmacists were responsible for the distribution in one; GPs in two others, and no leaflets were distributed in the fourth. Follow-up interviews revealed that PILs improved knowledge on how to take medicine, dosage, missed doses.

Most GPs felt pharmacists should distribute PILs, and the survey showed that knowledge gained was largely

independent of who distributed the leaflet. While most patients were happy to receive a PIL from a pharmacist, 31 per cent preferred to receive it from a GP.

Council member Mr David Sharpe said that patients are most receptive to information when they are receiving the medicine in the pharmacy. He did not want to see competition developing between manufacturers, doctors and pharmacists as to who would be the best source of such information. "The important thing is that PILs are given out — patients now have the right to as much information as possible," he said.

Dr Frank Wells, director of the Association of the British Pharmaceutical Industry reported on the findings of an ABPI working party on PILs. It included the following recommendations: "brief and succinct" patient package leaflets in an original pack should reinforce and amplify information from GPs; the leaflets and additional information should be compiled into an ABPI compendium for GP, pharmacist and patient reference.

Mr Sharpe distinguished between the "generic leaflets" in Professor George's study, and the in-pack leaflets produced by individual manufacturers. He endorsed the idea of a compendium, but said it was unrealistic to assume that all medicines will soon be dispensed in OPs. Generics will stay in bulk packs, he said and the cost of producing "generic" leaflets for the 75 million generic scripts dispensed each year would be "phenomenal". Mr Sharpe added that he hoped that PIL would not come to stand for "partners inhibiting litigation," with such leaflets consisting of protective "doggerel" for manufacturers.



The new PSGB president and vice-president Marion Rawlings with retiring president Dr Geoff Booth.

Silverman is new PSGB president

Bernard Silverman took over the presidency of the Pharmaceutical Society of Great Britain from Dr Geoff Booth at this month's Council meeting. And Mrs Marion Rawlings becomes vice-president.

Both Mr Silverman and Mrs Rawlings have community pharmacy backgrounds. Mr Silverman retired last year from Boots as director of professional services, having previously been pharmacist superintendent.

He has also been on the negotiating team for the Pharmaceutical Services Negotiating Committee, and currently sits on the Medicines Commission and is a member of the DHSS Standing Pharmaceutical Advisory Committee.

"I will work as speedily as possible to implement the recommendations of the Nuffield Report which have received the support of members," he said on taking office. A consultative document from Council is expected to be sent out to local branches after it is approved at July's Council meeting.

He also gave his firm support to Pharmacy Week planned for 1988.

Mrs Rawlings is a sole proprietor pharmacist from Cardiff and a non-executive director of Unichem. She has been a Council member since 1983 and is currently chairman of the Education Committee. She was a member of PSNC for four years until 1982, and has also served on South Glamorgan FPC and the Welsh Pricing Committee.

□ **Mike Brining**, financial executive at the PSNC, has been made an honorary Fellow of the Pharmaceutical Society.

Other new Fellows are:

John Bashford, a community pharmacist; **Dr. L. Brookes**, an industrial pharmacist; **T. Furber**, regional pharmaceutical officer; **A. Moseley**, a community pharmacist, and **Rufus Undungwo Obi**, a Nigerian community pharmacist.

Chemist & Druggist 6 June 1987

1,500 alleged Opren victims to drop claims?

A third of the 1,500 alleged victims of Opren will be forced to drop their compensation claims against the manufacturers unless a court ruling on the costs of the pending legal battle is overturned, the Court of Appeal was told on Tuesday.

Last month, a High Court judge ruled that, if the case against Eli Lilly fails, the estimated £6m costs of the litigation must be borne equally between the claimants.

This week, Mr Louis Blom-Cooper, QC, for the claimants — about 1,000 of whom are legally aided — told three appeal judges that over 400 of the non-assisted plaintiffs had already said they would pull out if the ruling on costs was upheld, because they could not afford bills running into thousands of pounds. And it was expected that the remaining 100 non-legally-aided claimants would also withdraw.

"This effect of the order is to drive any unassisted plaintiffs from seeking remedy in the courts," he said, claiming that the High Court had no power to make the ruling on cost on May 8. Before then, the unassisted plaintiffs had proceeded on the

assumption that they "would be able to ride on the back of the legally-aided plaintiffs" and would not be liable for costs should the case fail.

It was planned that legally-aided claimants should be used as test cases which, if successful would prompt out of court settlements for privately-funded clients. While it was impossible to assess the total costs, the £3m figure mentioned in the High Court was a "gross underestimate."

Mr Blom-Cooper argued that the question of costs should not be decided until after the end of the case.

The Master of the Rolls, Sir John Donaldson, sitting with Lords Justices Lloyd and Balcomb, commented that there were major problems for everyone involved when it came to apportioning costs in what was an "exceptional case."

All the plaintiffs are claiming damages for personal injuries allegedly caused by side-effects from Opren. A number of associated defendants in the Eli Lilly Group are alleged to have been negligent in testing and marketing the drug, and the Government in licensing it. The appeal hearing was expected to last three days.

■ Earlier discharge of patients has caused spiralling re-admission rates to hospitals, said Michael Meacher, Labour health spokesman. In Leicester, 77 per cent of patients had to be re-admitted for the same illness according to the Health Authority.

John Skelton spoke of the magazine's commitment to providing as much as it could in the way of informative articles for both pharmacists and assistants.

"In the present climate of awareness and expectancy inside and outside the profession created by the NPA's "Ask your pharmacist campaign" and the Nuffield Report, we obviously want to do more to help, hence this new training venture," he said.

C&D launches training seminars with indigestion!

It was back to school for a group of South London pharmacists and their assistants who attended Chemists & Druggist's first-ever training seminar last Thursday evening.

The topic under the spotlight was indigestion, and the event was co-sponsored by Reckitt & Colman. Yet even with the three technical papers sandwiched between a welcoming cup of tea and a hot buffet, no "remedies" were called for, a pre-printed digest having been thoughtfully provided. Other pharmacists can catch up on p1177 to 1120: C&D hopes they will find the material of value in training assistants in this vital area of counter recommendation.

Introducing the seminar, C&D Editor

Put your heart on display for pharmacy

"Look after your heart" leaflets should now be on display in pharmacies as part of the £2.5m campaign mounted by the Department of Health, and the Health Education Authority (C&D May 2, p804).

To back-up the campaign the National Pharmaceutical Association's "Ask your pharmacist" advertisements will feature in the *News of the World*, *Sunday People*, the *Sun* and *Daily Mirror* asking fifteen million readers "Are you giving your heart a fair chance?" NPA director Tim Astill, says it is important that pharmacists display the leaflets in the Family Health Care Stands; "Once again the Government has recognised the community pharmacy as an ideal channel for distributing health information".



The speakers at C&D's training seminar: Dr David Williams, head of product support for Reckitt & Colman (left), Dr Neena Washington, a research fellow at Nottingham University, and Dr Charles Swan, consultant gastroenterologist at the North Staffordshire Hospital.

Labour 'threat' to pharmaceutical companies

Labour policies would drive leading pharmaceutical companies out of Britain. Mr Norman Fowler, the Social Services Secretary, claimed last weekend.

He called on Mr Michael Meacher, the Labour Shadow Social Services Secretary, to justify the threat to take over at least one major drug company, and accused Labour of seeking to strike at the pharmaceutical industry generally. Mr Fowler stressed that the pharmaceutical industry employed 70,000 people and was a major earner through exports, and attracted investment.

Mr David Steel, the Liberal leader, strongly condemned the massive rise in prescription charges imposed by the Government since 1979 when he addressed an Alliance rally at Plymouth.

He spoke of visiting his local chemist in

'Billy Wizz' rules, 'OK'?

If someone came into your pharmacy and said "I'm backtracking on eighth English" would you know what he was talking about? And who (or what) is Billy Wizz?

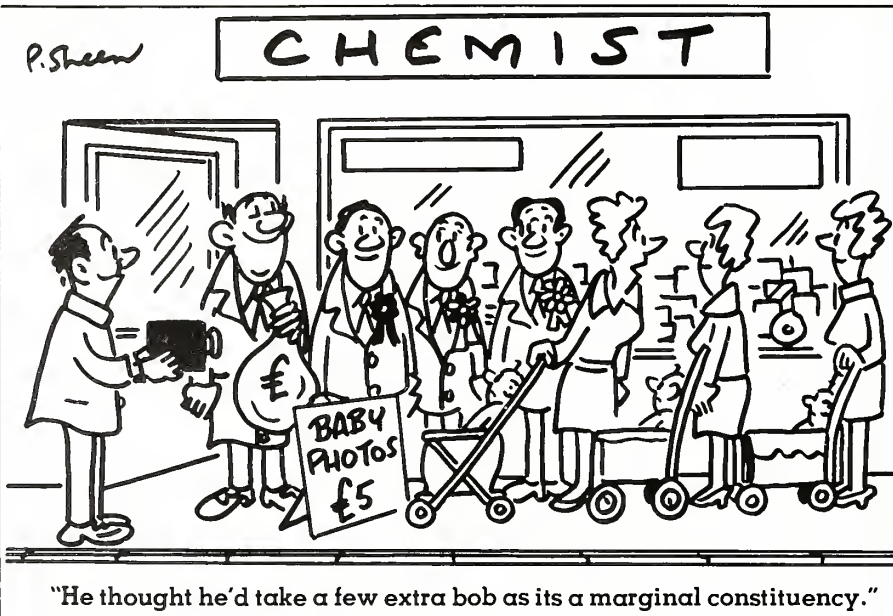
All is revealed in book, "Drug abuse: A guide for pharmacists," being sent free to all community pharmacies. As well as a guide to slang terms used on the drug scene, the book includes sections on the law, recognising drug abuse, and the treatment of dependence. A section on the

Loperamide case

A case history of a 15 month old girl who suffered from loperamide toxicity is carried in the latest issue of the *British Medical Journal*.

The girl, weighing 8kg, was admitted to hospital with 35 per cent superficial burns. She was rehydrated and treated with antibiotics, but by day nine she was still having diarrhoea, attributed as a stress response to the burns (later diagnosed as cow's milk protein intolerance).

Fifty minutes after being given 1mg oral loperamide she collapsed without vomiting or convulsions. She was



Selkirk, who had stressed that patients were being led into paying £2.40 for products which they could "get cheaper off the shelf". Mr Steel said it was "a scandal" that Conservative policies had led to that situation — it was something the Alliance "could not wait to undo".

He confirmed that Alliance policy would entail any further increases in prescription charges being limited to the rise in the Retail Price Index.

role of the pharmacists urges the profession "not to shrink from its collective duty to help combat this major ill," and advice is given on security, and national and local sources of help for misusers.

The book has been produced by the Pharmaceutical Society with "significant" financial support from the Department of Health, who also made suggestions on the text. The author, Dr Hopkin Maddock, member of the Society's Council and a community pharmacist, was to speak at a Press conference to launch the guide on Wednesday, after *C&D* went to press. He was expected to point out that a pharmacy training was an ideal background to understanding drug abuse and that pharmacists were well able to help.

resuscitated with oxygen and given 0.3mg naloxone intravenously. No opioids had been given within four days. At the time she was receiving up to 360mg paracetamol daily, and had a single dose of 200mg chloral hydrate 18 hours previously.

The reason for the toxicity is unclear, according to the *BMJ* report. The low serum protein concentration may have been contributory (loperamide is 97 per cent protein bound) and absorption may have been increased by damage to the gut wall. Temporary hepatic disturbance may have impaired handling of the drug. The report concludes that although overdosage causes symptoms in most cases, serious toxicity is rare.

Pharmacists beat off raiders

Birmingham pharmacist Khushdil Sakir and his brother Kaisar fought off armed raiders who came into their shop last week and pursued them down the road as they fled.

Two men, one armed with a handgun, came into the pharmacy in Cannon Hill Road last Wednesday lunchtime. The armed man forced his way into the dispensary and threatened the pharmacist asking him to open the CD cabinet, while his accomplice emptied the till.

Khushdil Sakir tackled the gunman while the shop staff ran into the street to raise the alarm. The two men fled, followed by the two brothers who flagged down a passing motorist to help them in their pursuit.

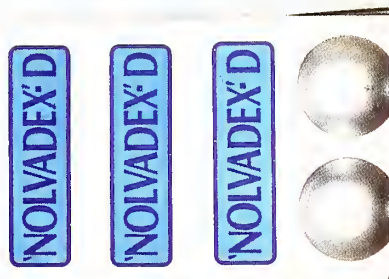
Two men were later charged by police and appeared at Birmingham Magistrates Court last Thursday, where they were remanded to appear this Thursday.

Bristol Myers' on-pack error

Bristol Myers were the subject of a complaint to the Advertising Standards Authority recently, over an on-pack error.

A consumer purchased a box of Clairol hair colouring which stated it enclosed a free booklet with coupons worth £15 and over, but made the complaint after finding the enclosed booklet had passed the redemption date.

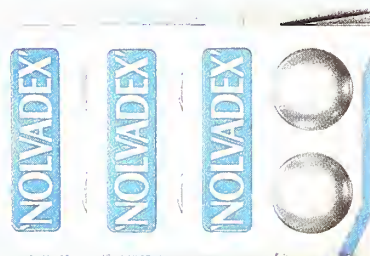
The advertisers said the closing date had been omitted from packs by mistake, but the complaint was upheld according to the Code of Sales Promotion.

**NOLVADEX-D****tablets**

Each tablet contains Tamoxifen citrate equivalent to 20 mg Tamoxifen

30**POM****NOLVADEX-FORTE****tablets**

Each tablet contains Tamoxifen citrate B.P. equivalent to 40 mg Tamoxifen

30**POM****NOLVADEX****tablets 10mg**

Tamoxifen tablets 10mg

30**POM**

'NOLVADEX' QUALITY ICI tamoxifen STILL AT TARIFF PRICE

The 'Nolvadex' range is priced in accordance with the tariff prices for tamoxifen citrate. This means you can dispense a 'Nolvadex' formulation for every tamoxifen prescription you receive and be reimbursed in full.

You are relieved of the need to duplicate stocks and the patient consistently receives the original British product, manufactured and packaged to ICI standards, at no extra cost to the NHS.

'Nolvadex'-D
ICI tamoxifen 20mg

'Nolvadex'-Forte
ICI tamoxifen 40mg

'Nolvadex'
ICI tamoxifen 10mg

'Nolvadex'. The original tamoxifen from ICI.

PRESCRIBING NOTES. Use: Treatment of breast cancer. **Presentation:** 'Nolvadex': tablets containing tamoxifen 10mg; 'Nolvadex'-D: tablets containing tamoxifen 20mg; 'Nolvadex'-Forte: tablets containing tamoxifen 40mg. **Dosage:** 20 to 40mg daily. **Contraindications:** Pregnancy. **Precautions:** Premenopausal patients must be examined before treatment to exclude possibility of pregnancy. **Side effects:** 'Nolvadex' suppresses menstruation in some patients. Side effects include: hot flushes, vaginal bleeding, pruritus vulvae, gastrointestinal intolerance, tumour flare, light headedness, transient falls in platelet count and occasional fluid retention. Rarely observed side effects include: hypercalcaemia on initiation of therapy in patients

with bony metastases, reversible cystic ovarian swelling on doses of 40mg b.d., and a few cases of visual disturbance, corneal changes and/or retinopathy, mainly with exceptionally high doses over long periods. Thromboembolic events occur rarely during therapy but these have not been causally related to 'Nolvadex'. **Product licence numbers and daily treatment cost:** (based on packs of 30 tablets) 'Nolvadex' (29/0064) 42p (10mg b.d.); 'Nolvadex'-D (29/0155) 31p (20mg o.d.); 'Nolvadex'-Forte (29/0176) 73p (40mg o.d.). 'Nolvadex' is a trademark. Further information is available from: ICI Pharmaceuticals (UK), Alderley House, Alderley Park, Macclesfield, Cheshire SK10 4TF



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Unsupervised sale costs £450

A chemist who allowed a bottle of Benylin to be sold without the supervision of a pharmacist was fined £300 at Hendon Court last Monday.

Ashok Sood, of Grant Close, Mill Hill admitted allowing the cough mixture to be sold while a pharmacist was not present at his chemist shop at Salcombe Gardens, Mill Hill. Mr Sood, who trades under the name of Regent Chemists, had been summoned under the Medicines Act.

The court heard that the cough mixture was sold by Mr Sood's brother to a Pharmaceutical Society inspector. Mr David Rowan, for Mr Sood, said the cough mixture was sold due to a mistake. "It is not a serious breach of the Act: it is a trivial breach," he said.

He continued that Mr Sood, who had been running the business for three years, was also expected to be seen by the Society's Statutory Committee.

Mr Sood was fined £300 and ordered to pay £150 costs.

Junior aspirin officially out

Regulations which came into effect on Monday remove children's aspirin from the General Sale List.

The Medicines (Products Other Than Veterinary Drugs) (General Sale List) Amendment Order 1987 (SI 1987 No 910, HMSO £1.30) also deletes dichloroizlenol, saffrole, sassafras, sassafras oil, birthwort, inositol nicotinate and serpentry from the GSL. The following medicinal products are added to the list: bran, celery seed, cetalkonium chloride maximum strength 0.01 per cent and choline salicylate maximum strength 9 per cent when used externally or in teething gels, hydrotalcite and magaldrate; and, for external use only, centella, nonivamide 0.1 per cent maximum strength and sodium hydroxide maximum strength 12 per cent.

The Medicines (Child Safety) Amendment Regulations 1987 (SI 1987 No 877, HMSO £0.45) updates the 1975 Regulations which require certain aspirin or paracetamol preparations to be supplied in child resistant containers. The standard with which containers must comply is now BS6652, published in 1985, rather than BS5321.

Missing out on drug testing?

I was intrigued a couple of weeks ago to read about Essex Family Practitioner Committee being in conflict over a new system for drug testing. Essex FPC wants to introduce a new, approved, but cheaper drug testing scheme, hoping to save £5,000 a year from their budget. The Local Pharmaceutical Committee is willing to support the scheme so long as dispensing doctors are brought into it on the same terms as pharmacist contractors. Therefore, I would have thought it almost impossible for a contracting authority, charged with responsibility for the integrity of the services it provides, to deliberately leave out any contractor or contractor group from an established system of simple, regular, spot-checks intended to make sure the citizens of this country are actually getting what the government is being asked to pay for.

We are told only five FPCs have yet to accept the revised testing scheme. What worries me is, what has my FPC done regarding the testing of doctor dispensing? I don't remember even noticing acceptance locally. If you are similarly unaware of what has happened in your parish, may I suggest you act now! Ring your LPC secretary. Ask him what was done about drug testing. It looks very much as though we may have missed out.

Compensation

It's a funny thing, isn't it, after we have all thought and thought, and then tentatively agreed to something in principle, how some bright lad comes up with some rotten "what if" situation which makes our original ideas look inadequate.

Ashwin Tanna, who has learned a lot in the last year or so as a PSGB Councillor, reminds us corporately owned pharmacies which changed hands after the May 23, 1985 qualifying date, could be eligible for official compensation if their scripts dropped below the 16,000 level subsequently. The individual purchaser of a pharmacy contracting in his own name, who also suffers a similar drop below the minimum level, would not qualify.

To my mind this is a sidestep from the original proposition, in which it was agreed that new contractors — by which we all meant new pharmacies which had opened up after May 23, 1985, and were almost (by definition), either leapfroppers, or hopefuls planning a quick killing under the compensation scheme — would be

excluded from the official and indeed, the unofficial schemes. I should have thought the principle of continuity of trading from before the cut-off date, irrespective of ownership, was the qualifying criterion.

We ought not to feel too embarrassed to say it is the principle that matters. I don't think anyone would knowingly buy a business which had a risk of going "down the tube", since repayments of loans are usually based on audited figures. The compensation would hardly be enough to avoid bankruptcy, let alone make a profit.

To call a pharmacist who paid market value and bought an established and profitable pharmacy during the last two years, a new contractor, is to play games with words. For the purposes of the Act, the definition has to be as outlined above. If by any chance it is not, then the Pharmaceutical Services Negotiating Committee, and its legal eagles would appear to have been shortsighted. I don't believe it, but am troubled by the answer given to Mr Tanna's question, by the PSNC assistant secretary Mr Stephen Axon. He says a company in law is treated as a person, and that this particular point had been raised during negotiations. The regulations refer to the contractor being in business, rather than a company or sole trader.

A lawyer might understand that. I don't. It seems to me not to answer the proposition at all, unless by "contractor" he means the existence of a contract at a given set of premises prior to the change of ownership, so that qualifying continuity can be shown. We would all be grateful for a clear answer please. In the vernacular...

Needlepoint

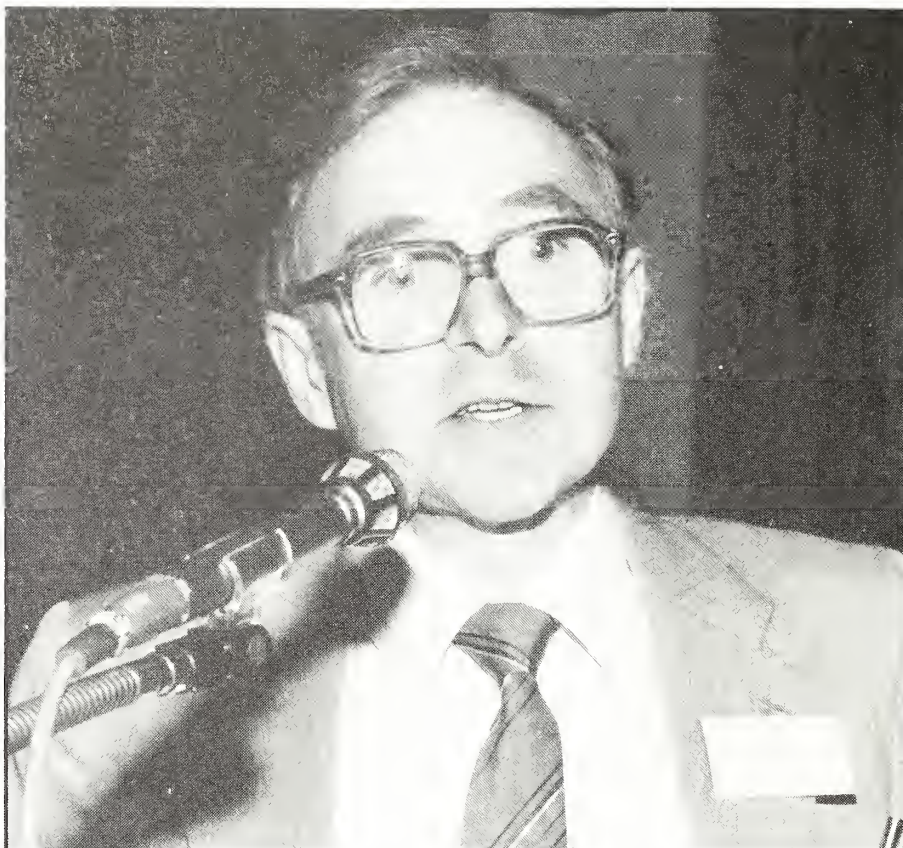
Scruffy looking young man at the counter: "I'm diabetic. I want a pack of half mil syringes." I didn't laugh outright, but said "Alright." He looked surprised, as if he had expected a fight. I put a pack on the counter and asked, in reasonable tone what he was on? He thought a minute, and then said "Speed..." "How often?" "Twice a week. I don't want to get AIDS".

Although I was busy, I talked a minute. He still had a job, driving a van. I asked, didn't he think it was dangerous? Had he thought about the deaths he might cause if he had an accident? Was he under the doctor? "No." How bad was the addiction? Pretty bad. Would he like some help?

Again he looked terribly surprised. No-one had ever offered him any. Being a genuine sucker I gave him the address of the local drug abuse centre, which by chance arrived this morning in a beautiful booklet from the PSGB. He may or may not come back. I sold him the syringes.

Do you want to be there or not?

The pharmacist's position in his or her own shop could change radically if the Nuffield Report's recommendations on the relaxation of supervision requirements are adopted. Dorset proprietor Ken Sims (right) argues that this is entirely the wrong way to develop the profession's future.



The Nuffield Report is being hailed as a watershed in acknowledging our potential, and suggesting new ways our special skills may be better utilised. But despite the apparent joy of official responses I find myself becoming more and more certain we shall be chasing moonbeams if we take all that is suggested too seriously.

For example, we are told we have a role in domiciliary visiting. Presumably to check on the storage of drugs, compliance with instructions, and perhaps to remove unwanted drugs. Sounds alright, but have you ever seen any evidence to show that the public need or want this? In the last 17 years

I can only once recall being asked to make a visit to give this sort of help. To justify anything official (with payment) there would first have to be demonstrable need. On any other basis visiting would be seen, rightly, as a sheer impertinence, an unacceptable intrusion into someone's home. I would resent it myself.

And then there are visits to rest homes and nursing homes. Residential homes are essentially hotels for the elderly who may not be able or willing to cope with a home and cooking, but are not ill. As do most chemists, I have a number on my books. I look after them, but within tacitly defined limits. In general, residents look after their own medication unless they are ill. The managers help when repeats or doctor's visits are needed. Our close involvement is automatic and part of our existing service.

But with nursing homes? When we

deliver medicines, it is into the hands of qualified fellow professionals, who by definition have accepted responsibility. Attempts by us interfere in their internal arrangements are likely to bring some dusty answers, since they are already subject to local health authority supervision.

This business of role expansion looks remarkably like an innocent invitation to empire building. What concerns me is the idea we should do this extra work during our normal working hours, leaving our pharmacies in the hands of our staff who would be enabled to carry on *unsupervised*, until we return . . .

We have come through a period of doubt and uncertainty about our role in the community. We may lament the atrophy of our traditional skills, but the craftsman pharmacist has gone. In his place is the pharmacologist pharmacist whose training

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Pertaining to the knowledge or art of pharmacy.

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embraces a far deeper knowledge of the action and uses of drugs than did mine. It is not surprising we lost some confidence when the full realisation of the change came home to us. A few hoped no one would notice, but change being inexorable, most have taken steps to keep up to date.

I don't pretend to be the "expert on drugs", since to my mind a minimum qualification for this would have to be a PhD, but as a reasonably intelligent person I maintain proper references, the current Martindale being the base. Their regular use is seen as a caring additional safeguard by customers. I suggest the role seeking is finished. The proper expansion of that role is already well under way, and it is within our pharmacies that it is taking place.

The Government's attitude

Government considers pharmacy important enough to fund the training of pharmacists at a cost of approximately £50,000 each. It has laid down extensive legislation governing the sale of medicines, including price maintenance, and because of the supervision we provide has given us a whole category of potent drugs which we may sell to the public after consultation. Due to the efforts of one or two enlightened drug companies the range is extending into modern products whose effectiveness makes the pharmacy now a more valuable source of effective treatment than it has been for years.

An on-going process? I think so. Our claims are accepted and our position assured. It always was, if we had but known it. The trouble was one of perception, as much by ourselves as by the public. Our full-time presence in our pharmacies was so taken for granted that we lost sight of its unique value. Our publicity campaign brought it back to public consciousness, where it will have to be maintained.

But let there be no doubt. The lynch pin of our continued viability as a profession is the availability of the pharmacist in retail

businesses. It is therefore disturbing, to say the least, to find our national leaders apparently advocating a relaxation of the supervision requirements so we may pursue a misguided dream of role expansion in areas already served by others. In chasing after fairies in the woods they may very well land us with a fairy in the woodpile. Every retail pharmacist I have spoken to has an instinctive gut reaction that this course is wrong. All I can say is "Stick to that opinion. It's right."

It is possible in your opposition you may be made to feel somehow . . . unprogressive, old fashioned, or reactionary? I wouldn't let it worry you. Personally, I find it incredible that the Pharmaceutical Society of Great Britain is seen to be promoting the idea that the public can be served with potent medicines without our being involved in the transactions, for are they not saying, in effect that our services are unnecessary?

If this is so there can be no case for current medicines legislation, and we should expect to see all retail medicines being eventually brought onto the General Sale List. Dispensing, too, if allowed without qualified supervision, will no longer be seen as entailing a professional responsibility, merely an order and supply situation, like a shopping list, which might better in the end be contained within the prescriber's orbit, where it would be claimed to be under some sort of professional oversight.

As well as that, you wouldn't have to be clairvoyant to see the growth of situations where the pharmacist might merely choose to "pop in" from time to time to cover legal requirements. Within a couple of years the whole respectable edifice of professional responsibility which has always been backbone of pharmacy could be fatally damaged.

To sum up . . .

I see no role for us in widespread domiciliary visiting. Just what do you imagine you will be

doing? Swanning around having cups of tea with the old folk, discussing their medicines and illnesses? Is this how you see an extended role? Sounds like a vicar's visit! Neither do I see any benefit in presenting ourselves to the various residential homes as some sort of semi-official inspectorate, since they are already covered, and we have close liaison with them now.

Full time supervision of all the medical transactions within pharmacy is the basis of our service. If we give this away then we become no different from any other unqualified supplier. We have just achieved a major recognition of our value, in the new terms of contract. These are designed to encourage the wider distribution of pharmacies and to give them protection and security. It must, therefore, follow that the Government currently thinks they are of sufficient value to institute prime legislation to ensure this.

I am disappointed that eminent leaders of the profession, like academic PSGB president Dr Booth and PSNC chairman David Sharpe, who really ought to know better, have been seduced by the Lorelei promises of Nuffield, whose fair prospects are unaccompanied by any tangible benefits, but some of whose deceptively attractive blandishments could land us on the rocks. With self-doubts about direction finally dispelled, any a fresh appraisal of our current work shows it to be valid in its own right.

Legislation has given us security. New classes of "P" medicines are giving us back a measure of capacity to help people with effective products. Our self-respect is being restored and we have a new confidence. The restrictions within which we work provide a secure framework for a satisfying and valuable career. I believe we must reject propositions whose implications, when thought through with any logic, can be shown to be dangerous to the public we serve, and to ourselves.

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Sorbid 20 and 40 SA capsules

Steinhard have introduced 20mg and 40mg sustained action presentations of Sorbid (isosorbide dinitrate) in a capsule formulation. At the same time supply of Sorbid SA tablets will cease.

Sorbid 20 SA is presented as transparent red/yellow capsules. Sorbid 40SA capsules are red/colourless. The recommended dosage for both strengths is one or two capsules twice daily, depending on patient requirements.

Both strengths are supplied in calendar packs of 56 (four strips of 14 tablets) — Sorbid 20 SA PL29/0161 (£7.83 trade); Sorbid 40 SA PL29/0162 (£9.00 trade). The legal category of both products is Pharmacy only. *Stuart Pharmaceuticals Ltd, Stuart House, 50 Alderley Road, Wilmslow, Cheshire SK9 1RE.*

Priadel 200 tabs

Delandale are launching an additional strength of Priadel tablets, containing

200mg lithium carbonate.

Priadel 200 tablets have the same controlled release formulation of the higher strength. Delandale say that Priadel is the only lithium product with two strengths of tablet which are interchangeable without the need for re-establishment of serum lithium levels. Priadel (400mg) tablets will continue to be known as Priadel.

Priadel 200 (100, £2.56 trade) are small, white capsule-shaped tablets marked "P200" on one side, with a score-line on the other. Prescription only. PL 0357/0028 *Delandale Laboratories Ltd, Delandale House, 37 Old Dover Road, Canterbury, Kent CT1 3JF.*

Betnesol check

Glaxo are requesting that pharmacists check any stocks of Efcortisol Injection 5 x 1ml, batch no B1466HA. A small number of correctly labelled Betnesol ampoules have been included in the Efcortisol 100mg packaging. The Department of Health has agreed there is no need for a recall as the majority of packs have been recovered. No other batch is affected.

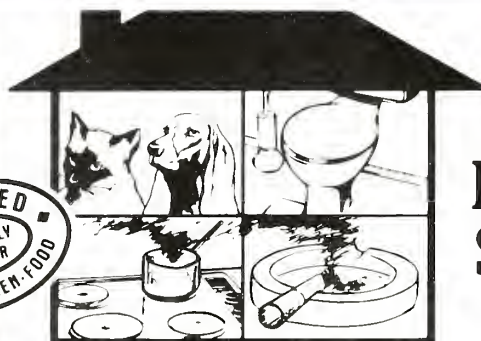
Steinhard are now supplying through wholesalers naproxen 250mg (250, £20.02) and naproxen 500mg (100, £16.02, both prices ex VAT). *M. A. Steinhard Ltd, 702 Tudor Estate, Abbey Road, London NW10.*

Crystapen 6g: packs of 10 are replaced by a new pack of 25 (£15.98). *Glaxo Pharmaceuticals Ltd, 891 Greenford Road, Greenford, Middlesex UB6 0HE.*

Surmontil capsules: May & Baker are introducing a new blister pack of 28 x 50mg capsules (NHS £3.51). *May & Baker Pharmaceuticals, Rainham Road South, Dagenham, Essex RM10 7XS.*

Bristol-Myers are changing the unit size of Lofenalac, low phenylalanine feed, to 450g (£8 trade). *Bristol-Myers Pharmaceuticals, Swakeleys House, Milton Road, Ickenham, Uxbridge UB10.*

Kabivitrut have been granted product licences for their intravenous feeding supplements Additrac, Solivito N, Vitlipid N infant, and Vitlipid N adult. They have also taken over from G.D. Searle as the sole suppliers and distributors of the Novagard intra-uterine device, for which they hold the product licence. *Kabivitrut Ltd, Kabivitrut House, Riverside Way, Uxbridge, Middx UB8 2YF.*



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We are also celebrating the birthday of Seton Healthcare, which was launched one year ago to give you and your customers a complementary range of quality healthcare products.

We are sure they'll grow up graciously together and we look forward to celebrating many more brand leading birthdays with you.

 **Seton
Healthcare Group**

Tubiton House, Oldham OL1 3HS, England.
Tel: 061 652 2222 Telex: 669956 Fax: 061 626 9090



Wood Nymph — now a duo

Elida Gibbs are relaunching their Wood Nymph hair lightener.

The range of shades is being cut from four to two: silvery ash blonde and honey beige blonde. Packs have been updated and now feature graphic illustrations. Elida Gibbs say the new packaging is designed to appeal particularly to the younger user.

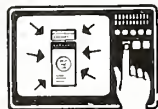
The company says bleaches and hair lighteners are growing well ahead of the overall colorants market. *Elida Gibbs Ltd, 43 Portman Square, London W1A 1DY.*



Parfums Givenchy have produced a new merchandising unit for the deodorants from their men's fragrance, Givenchy Gentleman. Each unit carries the Givenchy Gentleman advertisement as seen in magazines and journals. *Parfums Givenchy, Old Esher Road, Hersham, Walton-on-Thames, Surrey KT12 4RL.*



ON TV NEXT WEEK



GTV Grampian	U Ulster	STV Scotland
B Border	G Granada	(central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	Bt TV-am	IT Tyne Tees

Allerize Plus:	TTV, Bt, RTE — Eire
Amplex deodorant:	STV, Y, C, A, TSW, TT, TVS, LWT
Bisodol Retort:	B
Carefree panty shields:	All areas except A and HTV
Cluster bars:	All areas
Fiesta kitchen towels:	All areas, C4, Bt
Germoline:	All areas
Gillette Contour Plus:	All areas, C4
Immac Easy Shave:	G
Immac:	B, HTV, TSW, TT
Mr Muscle:	GTV, U, STV, B, G, TSW
Odoreaters:	GTV, STV, BTV, TT
Peaudouce babyslips:	Bt
Reach toothbrushes:	All areas, C4, Bt
Regency cameras:	Y
Signal toothpaste:	Bt

Elida value

Elida Gibbs are backing Sunsilk and Harmony hairsprays with an extra value promotion on the 200ml and 300ml sizes.

The 200ml size includes 25ml extra free, and the 300ml has 50ml extra free. Both sizes of Sunsilk are now marketed with spray-through caps. *Elida Gibbs, 43 Portman Square, London W1A 1DY.*

Gelling together

Dana Perfumes are adding a shower gel to the Herbissimo range.

Packaged in a white opaque bottle, in the same shape as the 300ml body cologne, it comes in juniper and marjoram fragrances (280g, £2.95). *Dana Perfumes Ltd, 45 Crusoe Road, Mitcham, Surrey.*

The 500ml size of Eludril mouthwash is priced at £4.51, and not as stated in C&D last week. *Concept Pharmaceuticals Ltd, The Old Coach House, Amersham Hill, High Wycombe, Bucks.*



A real Loulou

Parfums Cacharel are launching their second female fragrance — Loulou.

Inspired by 20s film star Louise Brooks, the perfume is described as a soft oriental floral. It is packaged in blue bottles with garnet red caps, with a bright floral design on the outer boxes.

The range comprises: parfum 15ml £40, 7.5ml £27.50, eau de parfum 50ml £17.50, 100ml £27.50, 150ml £35, eau de parfum vaporisateur 30ml £15, 50ml £19.95, eau de parfum vaporisateur de luxe 150ml £60, Caresse de parfum (perfumed body cream) 150ml £25. Loulou is currently backed by television advertising. *Prestige & Collections (UK) Ltd, 30 Kensington Church Street, London W8 4HA.*



Dry comment from Cussons

Cussons Imperial Leather Dry deodorant has been re-packaged.

New graphics using touches of gold against a pale marbled background are designed to give a fresh, contemporary look and the roll-on pack has a new curvy shape and a sloping, bevelled cap to give a more feminine appeal, say Cussons (UK) Ltd, Kersal Vale, Manchester M7 0GL.

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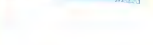
60%

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Following the establishment of Seton Healthcare, Tubigrip® is in an even stronger position. With your prescription sales growing year after year you should now be looking to develop your over the counter sales.

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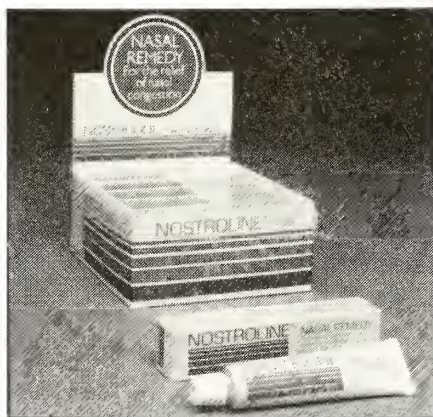
ABBOTT LABORATORIES LTD., QUEENBOROUGH, KENT ME11 5EL. TEL: (0795) 663371.

Two new from Larkhall

Larkhall Laboratories are adding the amino acid L-histidine to their range of dietary supplements. The product will be marketed under the Cantassium brand name from July (30, £4.65).

The oral tablets, containing 500mg L-histidine, are free from all artificial additives, sugar, salt and saturated fat. The product is suitable for vegetarians, vegans and coeliacs, say Larkhall. Recommended dosage is one to three tablets.

The company has also added GPs B-Slim to their Cantassium range of slimming aids. GPs B-Slim (60 tablets, £4.95) combines grapefruit with vitamin fibres and two herbs, contains no artificial additives and is suitable for vegetarians and vegans. Larkhall stress that the product should be used as part of a calorie controlled diet. *Larkhall Laboratories plc, 225 Putney Bridge Road, London SW15 2PY.*



Combe add one

Combe International are to sell Nostrolin under licence from Bioglan.

Nostrolin (14g, £1.49), a nasal decongestant ointment, unblocks nasal passages and soothes sore inflamed skin around the nose, nostrils and upper lip, say Combe. It is indicated for the relief of nasal congestion encountered with the common cold, catarrh, head colds and hay fever.

Combe promise Press advertising throughout the year, in national daily and Sunday newspapers. *Combe International Ltd, AMP House, Dingwall Road, Croydon, Surrey CR9 2AU.*

Lana-sting ads

Combe are backing Lana-sting with £500,000 of television and Press advertising this Summer.

Black and white advertisements run in the national and women's Press until the end of August. And a television commercial will run in the London region from early July to early August. *Combe (UK) Ltd, AMP House, Dingwall Road, Croydon, Surrey.*

Extra Fast Aid

Robinsons of Chesterfield are running an extra value packs promotion for their Fast Aid range of plasters in June, with an extra 15 per cent on the 1m dressing strip, and four extra plasters in the assorted pack.

The range has recently been updated and the plasters are now packed in colour-coded, crush-proof plastic boxes with flip-top lids, and are available in a plastic display tray. *Robinsons of Chesterfield, Wheat Bridge Mills, Chesterfield.*

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PL(PI) NO.	PRODUCT	PACK SIZE	SPECTRUM DISCOUNT	BONUS DISC.	BONUS PRICE
5848/0028	ADALATE 10MG	90	35	38	6.80
5662/0015	ADALAT RETARD	50	13	15	8.21
3787/0028	CANESTEN CREAM	30G	16	20	1.46
5848/0113	CORDARONE 20MG	60	42	46	9.72
5848/0226	HALCION 0.25MG	20	32	36	0.94
5848/0087	INDOCID 25MG CAP	30	17	20	1.19
5848/0198	PROTHIADEN 75MG	28	18	22	3.12
5848/0070	SALAZOPYRIN 0.5G	100	21	24	5.24
5848/0270	SEPTRIN PAED. SUSP	100ML	26	30	1.53
5513/0103	TAGAMET 200MG	50	11	13	6.46
5848/0003	ZYLORIC 300MG	28	55	70	3.47

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New Daktarin powder and gel

Janssen are extending their Daktarin (miconazole) antifungal range with two new products.

Daktarin oral gel (2 per cent) is orange flavoured and comes in a 15g tube at £1.89 (supplied in cellophane wrapped outers of 12). The gel is indicated for fungal infections of the lips, mouth and throat in babies and adults (oral thrush). It is also targeted at adult denture wearers since poorly fitting false teeth can exacerbate the complaint. A small amount should be applied to the affected area after food, twice daily for children aged 0-6, and four times daily for adults and children over six.

A 20g puffer pack of Daktarin powder (2 per cent) is also being introduced for topical application to areas such as the groin (supplied in outer of ten, £1.99 per pack). The product is indicated for fungal infections in most skin folds and nappy rash of fungal origins in babies, which presents as pinpoint papules spreading up to the genito-urinary region. (In contrast when nappy rash is caused by ammonia the skin has a blistered burnt appearance, due to its caustic effect. It should be treated with a barrier cream). Daktarin powder should be applied topically twice daily.

Both new products are Pharmacy only and will not be advertised directly to the public. *Janssen Pharmaceutical Ltd, Grove, Wantage, Oxon OX12 0DQ.*

Prepurex Monoclonal

Wellcome Diagnostics have launched a pregnancy detection test, Prepurex Monoclonal, to replace the established Prepurex test.

The new test incorporates a monoclonal antibody specific to the β sub-unit of human chorionic gonadotrophin (hCG), which improves sensitivity, says the company. Samples containing as little as 500 IU/litre — five times lower than was previously possible — can generally be distinguished from negative urine, claims Wellcome, and pregnancy can be detected four to five days after the first

missed period.

Prepurex Monoclonal test is based on a latex agglutination test inhibition reaction. In a negative test, latex sensitised with hCG will agglutinate in the presence of hCG monoclonal antibody. The addition of a urine sample containing hCG will inhibit this agglutination, indicating a positive result. The result will develop within two minutes, say Wellcome.

Kits of Prepurex Monoclonal kits are available in 50 (£22.50) or 100 (£30.00) test packs which include positive and negative controls, with a refrigerated shelf-life of one year. *Wellcome Foundation Ltd, The Crewe Hall, Crewe, Cheshire CW1 1UB.*

Dalivit kids' appeal

Dalivit multivitamin drops are being relaunched, and will be promoted with a full support package by a "strengthened" sales force, say Paines and Byrne. The drops are also being promoted to GPs as they are now prescribable. A new 12-pack display outer is available (£10.80, trade) offering a profit of £0.45 per pack (£1.55), says the company. Each pack contains a free badge with the slogan "I'm a Dalivit multivitamin kid". *Paines and Byrne Ltd, Bilton Road, Greenford, Middx.*

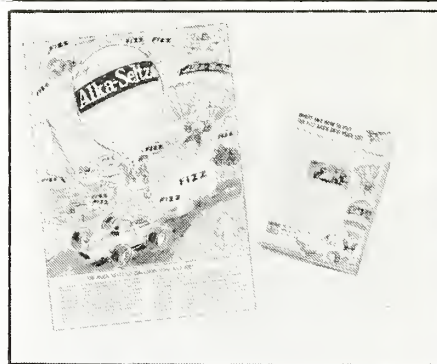
Sport support

Seton Healthcare are adding two new products to their range of Prosport supports. A thigh support in sizes small, medium and large is now available (£3.29), for treatment of muscle tears and hamstring strain, say Seton. The tennis elbow brace is designed specifically for sufferers of epicondylitis — tennis elbow — in one size to fit most youths and adults (£3.99).

And the company are celebrating the 21st anniversary of Tubigrip — marking 21 years of sales success, they claim the Tubigrip first became available on prescription in 1966, and, in 1986, Seton launched the Healthcare range with Tubigrip as its "flagship." *Seton Healthcare Group, Tubiton House, Oldham OL1 3HS.*

Stoppers roll on

Stoppers are extending their advertising campaign to London and the Home Counties and the West Midlands following on from Yorkshire and Humberside. *The Stoppers Company Ltd, 2A Taylors Lane, Pilling, Lancs PR3 2AB.*



Fizzy steps in for Alka-seltzer

Bayer plan above and below the line support for Alka-seltzer this Summer, totalling £320,000.

A national Press campaign featuring a new "Fizzy" character gets underway shortly. Fizzy will be pictured enjoying various sporting activities, and readers will be able to send away for information on six sports — flying, motor racing, sub aqua diving, parachuting, sailing and ballooning — together with a full colour poster of Fizzy. Readers can also request a two-tablet trial pack of Alka-seltzer.

Alka-seltzer are sponsoring the G Fizzy balloon again this Summer. *Bayer UK Ltd Consumer Products Division, Bayer House, Newbury, Berks RG13 1JA.*

For homoeopaths

Brewhurst Health Food Supplies, a division of Booker Health Foods Ltd, have appointed A. Nelson as their sole supplier of homoeopathic medicines. Brewhurst will carry Nelsons' Speciality Range and the Classical Series, and the complete range of the company's new homoeopathic creams. *A. Nelson Ltd, 5 Endeavour Way, Wimbledon, London SW19 9UH.*

Skin sense

As part of their promotional and educational programme, Tosara Ltd have produced a new Sudocrem general skin care leaflet.

The leaflet deals with common problems like nappy rash, incontinence, pressure sores and eczema, and will be distributed through welfare clinics and exhibitions. Copies are available from Carol Wiseman, Tosara Products (UK) Ltd, PO Box 5, 70 Picton Road, Liverpool L15 4NS.

Vestric have added Ibuprofen BP 200mg (24s) to their Family Health range of OTC medicines. *Vestric Ltd, West Lane, Runcorn, Cheshire WA7 2PE.*

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DIVISION
Tel: 0329 224 217

Further information is available on request to the company: Lederle Laboratories, a division of Cyanamid of Great Britain Limited, Fairham Road, Gosport, Hants. PO13 0AS

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Open and shut cup for baby

Tommee Tippee have produced a baby cup which they say has a unique "open and close" lid.

The Sip'n Seal cup lid is twisted to open or close, which the company say makes it ideal for travelling, and makes feedtime at home easier too. The cup has a spout lid which controls the flow of liquid and two handles to provide a firmer grip and extra stability, encouraging baby to drink unaided. Available in a choice of

two colourways — red and buttermilk — it is hygienic and easy to clean, say Jackel.

The Tommee Tippee Sip'n Seal (£1.99) will be advertised in the specialist mother and baby magazines, throughout the summer. *Jackel International Ltd, Dudley Lane, Cromlington, Northumberland.*

Carefree TV

Johnson & Johnson are backing Carefree panty shields with a £1m television advertising campaign until August in all regions except HTV and Anglia. *Johnson & Johnson Ltd, Brunel Way, Slough, Berks SL1 4EA.*

Cerealised

Albert-Culver are running a Jordan V-Tuft promotion with Kellogg's on their "Special K" cereal packs from August through to December, offering a free V-Tuft medium toothbrush in exchange for eight cereal pack tokens, say *Albert-Culver Co, Houndsfield Industrial Estate, Telford Road, Basingstoke, Hants RG21 2YX.*



Pea Douce are running a Father's Day promotion offering those who become dads on June 21 a free baby carrier worth £20. The promotion will be supported by full page advertisements in the *News of the World, Sunday Mirror* and *TV Times* around Father's Day. Dads should apply direct to the company with a photocopy of their baby's birth certificate dated June 21, say *Pea Douce (UK) Ltd, Rye Road, Hoddesdon, Herts EN11 0EL*

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Snappy ads

Fotocolor are mounting a £35,000 radio advertising campaign to support their dealer network in London and south-east England.

The 40 second commercial introduces the new 50 per cent bigger prints now available from Fotocolor dealers at no extra cost to the consumer. The campaign breaks on May 23 and runs alternate weeks on Capital Radio and LBC for one month. For the first time the commercial will also be transmitted on Chiltern Radio and Ocean Sound. POS material has been produced to tie in with the launch. *Fotocolor, Stirling Way, Borehamwood, Herts WD6 2AZ.*

Tea on the move

Traveller International are launching the Pit-stop 12v, 13.5amp element travel jug (£13.95).

British made in heat resistant Kematal, Pit-stop is designed along the same lines as

Traveller's mains electricity jugs with automatic boil dry cut out and neon on/off warning light. It plugs into the dashboard cigar socket.

The jug comes complete with two cups and optional "Swiss gold" coffee filter. *Traveller International Products, 51 Hayes Mews, London W1X 5DB.*

Double Scotch

Scotch are offering £1 cash back with every purchase of two promotional EXG E-180 cassettes. Redemptions close December 31, 1987. *3M Health Care, 3M House, PO Box 1, Bracknell, Berks.*

It's a date!

Itona are adding a date syrup-sweetened version to their Granny Ann Hi Fi biscuit range. The biscuits (100g £0.37) are salt free and flavoured with ginger. A 100g pack contains 440 calories. *Itona Products Ltd, Itona Works, Leyland Mill Lane, Wigan, Lancs WN1 2SB.*

New moves for Modifast

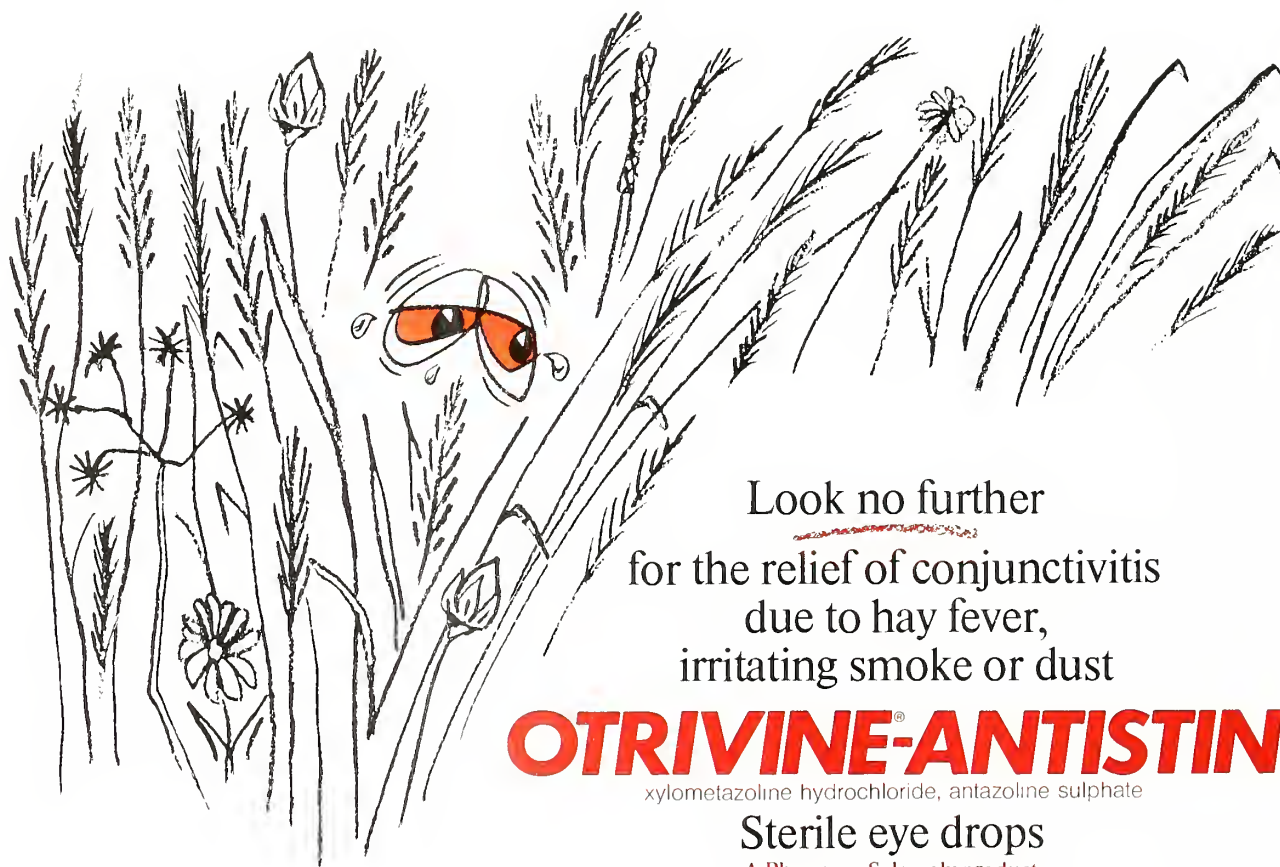
Wander Clinical Dietetics are introducing two new flavours of Modifast — orange and coffee.

The range is now offered in a new pack, containing an insert and post card inviting slimmers to send for a free Modifast support pack which includes a Modifast shaker, mixing suggestions, weight loss chart and tips, staying slim.

New POS includes a slimmers' information leaflet. Restyled boxes should take up less space — four new cartons will fit in the space taken by three old ones. *Wander Ltd, Station Road, Kings Langley, Herts WD4 8LJ.*

Free film

Polaroid are running a buy two and get one free promotion on Polablue instant 35mm film. *Polaroid (UK) Ltd, Ashley Road, St Albans, Herts AL1 5PR.*



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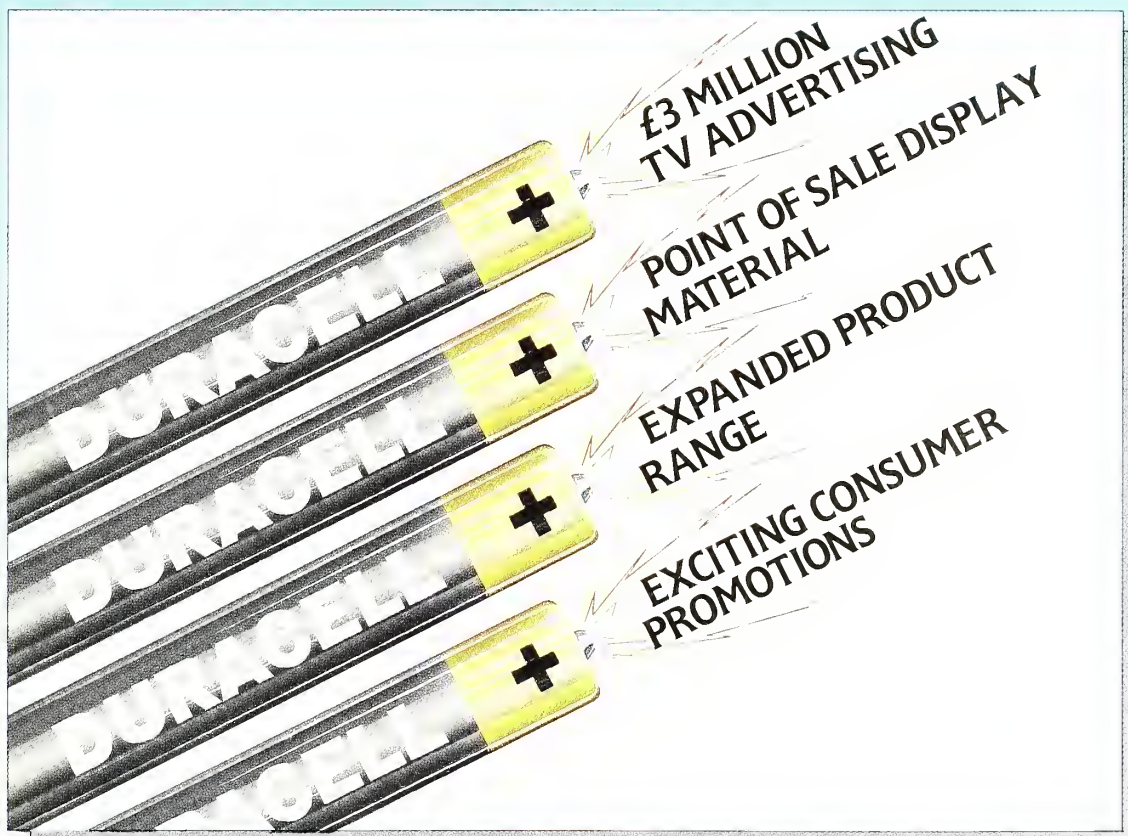
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Bronnley go for more Almond Oil

Bronnley have repackaged their Almond Oil products, introduced two new fragrances and launched a splash-on cologne and eau de toilette.

The splash-on cologne (£4.65) is packaged in a 250ml glass bottle, while the eau de toilette (£4.65) comes in a 50ml glass spray. They are available boxed in rose geranium, white iris and English fern, as well as two new fragrances — camellia

and forget-me-not — which extend throughout the range. Bronnley are using Camellia in a new handbag trio — offering 50ml sizes of body lotion and bath foam and 35g talcum powder — retailing at £0.99 each and available in a display tray. *H. Bronnley & Co Ltd, 10 Conduit Street, London W1R 0BR.*

Sharp moves

Sterling Four Blades are launching a new range of razors and blades.

The company is UK distributor for the International Mahotra Group of India, who make the razors and blades, to be launched under the brand name Super-max. The company says this is its first significant push into Europe.

A launch bonus offer for chemists gives one free case of packs containing a razor and five blades with every order for five cases of razors or blades. *Sterling Four Blades, Suite Five, Mandeville Place, London W1M 5LA.*



Steiner get a new look

Steiner are to relaunch their range of haircare products with new packs, new products and women's Press advertising.

The company say they had "lost their way" with the products, after focusing activity mainly on their salon businesses around the world. The products were put into the hands of a contract distributor, and over the past six years the company's 600 accounts dwindled to around 40.

New marketing plans include building up re-distribution, in department stores and around 200 chemists.

The new range includes three of the original Steiner products: S3 treatment shampoo, (125g, £3); Sebosyn cream conditioner and revitaliser (50g £1.75, 125g £3); and Handmilk (125g, £2). The original Professional Formula hairspray and styling mousse with conditioner have been reformulated to provide versatility in styling without stickiness, say Steiner, and two new products have been created. Extra hold styling gel is a concentrated gel for control and body (100g, £1.45), and daily shampoo (250ml, £1.95) is pH balanced and can be used as often as three times a day or more without damaging the hair, say Steiner.

Also new to the range are Starset, a temporary hair colour in six shades (125ml, £1.75) and colour highlight shampoo, in eight shades (250ml, £1.95). These two products were developed by Steiner's Australian division, and have been on test in this country for some time. The company say they are likely to be available nationally soon.

New packaging for the range is predominantly white, with shaded grey stripes and colour coding for each of the different products. The Steiner logo has been updated with a grey backing, and the Royal warrant is printed in gold.

The range will be advertised in colour magazines with the copyline "Steiner. The experience shows." The same copyline appears on POS material along with the Royal warrant. *Steiner Hair and Beauty, Steiner House, 66 Grosvenor Street, London W1X 0AX.*

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INDIGESTION

This is the first of a *Chemist & Druggist* initiated series of training seminars for pharmacists and their assistants. The seminar subjects are selected to help them better serve the community through their pharmacy. The seminars are run and sponsored jointly with companies who have a particular expertise in the chosen subjects. They are small, "one-off" invitation-only events held, for convenience, in or around London. The content is subject to strict

editorial control and is "generic" to the training area, and published simultaneously in *Chemist & Druggist* (re-prints available from sponsors or this office). The Editor is open to suggestions on how *C&D* can meet particular training needs through these seminars or a further series in addition to our regular technical and business features Selling in/Selling out, Pharmacy Economics, Topics in Treatment, OTC Update and Clinical Pharmacy.

Can you give me something for indigestion?

One of the problems is that "indigestion" means so many things to so many people! Most commonly, your customer will be describing symptoms relating to meals, with discomfort, distension, belching or heartburn as the central theme. Occasionally, more serious disorders not relating to digestion may present with similar features. There are therefore, inherent dangers in the assumption that the symptoms stem from over-indulgence at the dinner-table.

Let's take the more acceptable digestive symptoms first (tables 1 & 2). For genuine dyspepsia, that is, post-prandial heartburn, flatulence or epigastric pain, I think it entirely reasonable for a simple antacid or gastric reflux suppressant to be prescribed OTC. These symptoms might indicate a truly non-organic, transient reaction to certain foods or over-indulgence.

On the other hand, they may represent the typical symptoms of reflux oesophagitis,

"Indigestion" may not be all that it seems. Gastroenterologist Dr Charles Swan of the City General Hospital, Stoke-on-Trent, outlines a differential diagnosis, and highlights the factors in a brief "over the counter" history and examination which might indicate a disorder which warrants qualified medical attention.

hiatus hernia or gastric or duodenal ulceration. Even then, a simple antacid or alginate compound remains reasonable initial treatment, provided prompt response to treatment is observed, symptoms don't really recur and no other features develop within a short space of time.

To help you, it is usual for acid reflux to give a genuinely "hot" sensation in the middle of the chest which comes after meals,

which is often transient and is worsened by stooping and lying down. Peptic ulceration, on the other hand, usually gives pain in the epigastrium which can be located with a finger tip, comes when the patient is hungry, is alleviated by food, and may return in the early hours of the morning. It may be associated with gaseous distension (*flatulence*) and relief with eructation (*belching*).

Symptoms of a similar nature may be associated with loss of appetite, recent weight loss or vomiting. These features should alert you to the possibility of a more sinister pathology such as cancer in the oesophagus or stomach, especially if the patient complains of difficulty in swallowing (*dysphagia*).

Dysphagia under these circumstances is usually more severe for solids than liquids and gets progressively worse over a period of a few weeks. Beware also of the patient who has a more severe epigastric pain than

Table 1.
Causes of "indigestion"

Non-organic disorders
Gastrointestinal disorders:
Oesophageal reflux
Hiatus hernia
Oesophageal cancer
Peptic ulcer
Gastric cancer
Gallstones
Chronic pancreatitis
Irritable bowel syndrome
Cardiac disorders:
Ischaemic heart disease
Alcohol-induced symptoms

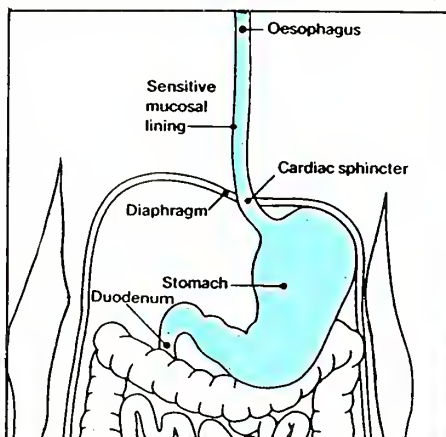


Table 2.
Symptoms the patient might call "indigestion"

Heartburn
Retrosternal pain
Flatulence
Belching
Epigastric pain
Abdominal distension

Figure 1 (left) offers a brief resumé of the main structures of the upper gastrointestinal tract

the term "indigestion" warrants. For a variety of reasons, most commonly fear, patients do sometimes minimise their symptoms. If the pain is severe and localised to a small area of the upper stomach, then a gastric or duodenal ulcer might be the problem. Here, features of vomiting or weight loss should alert you to the possibility of complications of the initial condition. It almost goes without saying that if the patient has vomited blood or even the "coffee-grounds" recognised as altered blood, he needs a medical opinion more urgently than he needs a bottle of Mist. Mag. Trisil!

Having considered the commoner upper gastro-intestinal disorders which give indigestion, consideration should then be given to other causes of flatulent dyspepsia. Classically, the patient with gallstones is fertile, fair, fat and forty, but gall bladder disease affects the age range ten to 85 years, so no-one is immune. Fatty intolerance and right upper abdominal pain radiating to the right shoulder-blade are the hallmarks of biliary pathology. The pain may be very severe, but is usually less protracted than ulcer pain. Jaundice or darkening of the urine are useful additional pointers to gall bladder or bile duct pathology.

Pancreatic disease may present with similar fatty intolerance and flatulence, but here the pain is more central and may penetrate more deeply through to the spine. Chronic pancreatic insufficiency leads to steatorrhoea, a condition in which the patient passes foul-smelling, pale-coloured, greasy stools. While biliary pathology is common, pancreatic disease is very rare.

Probably the commonest cause of gaseous distension of the abdomen and abdominal pain is the irritable bowel syndrome. This condition is a disorder of motor function of the small and large bowel in which the normal orderly conduct of peristalsis is deranged. It may occur in some patients after an infective episode or as a result of a course of antibiotics. In others, no obvious cause can be identified and stress may be incriminated. Whatever the trigger, patients, most commonly young females, experience recurrent attacks of distension and pain in various sites in the abdomen, associated with a variable bowel habit.

Cardiac conditions too, may present with symptoms interpreted by the patient as "indigestion". Classically, the cardiac pain of angina pectoris is a crushing, vice-like pain which comes across the chest on exertion and is relieved if the patient stops the exercise. Under these circumstances, the pain characteristically departs in less than five minutes. Under certain circumstances, angina pectoris may occur after meals. If a patient takes a walk immediately after a meal then this may bring on an attack of angina; but post-prandial angina may occur even at rest. This is

Table 3.
Danger features in the history

Any symptoms not obviously food-related
Symptoms after exercise
Breathlessness
Radiation of the pain outside the abdomen
Non-response to previous OTC treatment
Weight loss
Loss of appetite
Vomiting

thought to be due to diversion of blood from the coronary to the intestinal (splanchnic) circulation to assist digestion.

Finally, alcohol may induce digestive symptoms which may be called indigestion. Many will have experienced the mild flatulence, heartburn and abdominal discomfort which occasionally follows over-indulgence or a late dinner the night before. For the alcoholic, morning nausea, anorexia and a proneness to vomit are all manifestations of dependency. It is not exactly clear whether the indigestion experienced by the alcoholic is due to local effects such as oesophagitis or gastritis, is

caused by more profound metabolic effects on the liver or pancreas, or is due to the central cerebral effects of long-term alcoholic over-consumption.

When therefore, a patient asks for a simple preparation to ease his indigestion, his need may be greater than he thinks. It's always worthwhile making a simple inquiry about symptoms relating to the other conditions outlined above so that early referral to the GP may be activated. Those symptoms which should be regarded as danger signals are listed in table 3.

In the main, beware symptoms which are not obviously food-related and seem to come after exercise. Inquire whether a previous OTC preparation has proved ineffective or effective, and if it has been re-prescribed

Table 4. Danger signs on looking at the patient

Weight loss
Pallor
Anaemia
Jaundice
Breathlessness
Blue colour of lips (cyanosis)

The compounds used for acid neutralisation in antacid formulations are weak bases which have differences in chemical behaviour and pharmacological action. They are combined in various proportions and in every conceivable combination in an attempt to produce an "ideal" antacid. The American Hospital Formulary lists over 120 different formulations, while the British National Formulary lists 60, approximately 20 of which are NHS prescribable. With the plethora of formulations available, is one better than another, or should price alone be the deciding factor in antacid choice?

The total neutralisation capacity and rate of reaction vary with the compound and there are many *in vitro* tests to assess these parameters. But tests to measure total neutralisation capacity are largely irrelevant to the prediction of *in vivo* efficacy. The amount of unreacted antacid remaining in the stomach is a dynamic balance between the rate of reaction of the material and the rate of gastric emptying. Magnesium trisilicate, for example, reacts very slowly so the majority of the dose leaves the stomach unused.

A component of the widely-used magnesium trisilicate mixture BP magnesium trisilicate itself, fails the current US Pharmacopoeia tests for non-prescription antacids and it cannot raise the pH to an acceptable range when acid is added to it at physiological rates. The formulation owes all of its buffering capacity to the sodium bicarbonate and magnesium carbonate components.

Are all antacids

Dr Neena Washington, of the University of Nottingham, argues that the combinations of ingredients in antacid preparations do not always make sense.

The failure to demonstrate any useful antacid action of the principal ingredient calls into question the rationale for the inclusion of magnesium trisilicate mixture BP on the present "white list". Even if the silica gel, produced by the magnesium trisilicate on reaction with the gastric acid, has mucosal protective properties, it is unlikely that sufficient will be generated in the stomach to have a useful effect.

Antacid formulations may contain other materials in addition to the basic compounds which perform useful neutralisation, for example, dimethicone (polydimethylsiloxane) or simethicone (dimethicone and silica, also known as activated dimethicone). Dimethicone is added as an anti-foaming and deflatulent agent, the silica-activated form being more effective.

There appears to be no firm evidence in the literature supporting the claims that addition of dimethicone to an antacid appreciably increases its therapeutic effectiveness. The original rationale for inclusion of this material with antacids is that it alleviates bloat in ruminants. The evidence for a defoaming action *in vivo* is based on X-

Techniques for investigating dyspepsia

excessively. If there is difficulty with swallowing, weight loss, lack of appetite, change of bowel habit or rectal bleeding, then the patient certainly does not have simple indigestion!

In addition to the simple inquiry, a cursory look at the customer might also ring the alarm bells (table 4). If a person you've known for years comes in having obviously lost weight, then beware! Colour of facial skin is easily noticed and sallowness, pallor or frank anaemia should put you on your guard, as should obvious breathlessness at rest or a purple hue around the lips (cyanosis). Under these circumstances, the patient's "indigestion" reflects more aggressive disorders.

It's fair to say that provided the risk features have been excluded and a cursory inspection of the face reveals no abnormality, it's very safe to prescribe a proprietary antacid or gastric reflux suppressant, always provided, of course, that the prescription is not repeated with excessive frequency, or proves ineffective to alleviate the symptoms, when a recommendation to seek medical advice promptly should be given.

What happens when the pharmacist directs a patient to the doctor? Dr David Williams, of Reckitt & Colman's Pharmaceutical Division, looks at the techniques used for accurate diagnosis of the serious disease that may be the cause of dyspepsia.

For many years the traditional investigation carried out in patients with dyspeptic symptoms was a barium meal, later the double contrast barium meal. Some idea of the frequency with which doctors see such patients and the incidence of serious diseases is given in table 1.

In recent years, however, the development of investigational techniques

Table 1. Incidence of consultations for dyspepsia in general practice

50 cases per 1.000 patients
10-12 ulcers (mainly duodenal) per year
1 gastric cancer per year
Oesophagitis — very common (30 per cent)
High Risk patients — ☐ male ☐ over 60
☐ smoker ☐ continuous pain unrelieved by antacids ☐ recent onset of symptoms and weight loss.

such as endoscopy, 24 hour pH monitoring and scintigraphy coupled with more rational, structured assessment of the nature, anatomical location and characteristics of the presenting pain, have made it possible to improve the accuracy of diagnosis of dyspepsia.

Given the possibility that a patient with dyspepsia symptoms may have a serious underlying disease, it is important that an accurate diagnosis is rapidly achieved.

In the 1970's, the diagnostic accuracy in patients with abdominal pain was only about 50 per cent while negative laparotomy rates were as high as 60 per cent in some centres. Several studies also showed that half the patients with dyspepsia or lower gut pain were not even diagnosed correctly at the first hospital visit and that the majority of GP requested barium meals were normal.

The investigative technique that has improved diagnosis in dyspeptic patients more than any other in the last two decades has been the increasing use of flexible endoscopes. Although double contrast barium x-ray studies can readily and accurately demonstrate hiatus hernia and ulceration in the stomach and duodenum, conditions such as oesophagitis, gastritis and duodenitis can only be diagnosed by endoscopy. Endoscopy also allows serial observations and biopsy of possibly neoplastic lesions, and makes it possible to follow the healing of ulcers etc during a course of drug treatment.

However, several endoscopic screening studies in patients with dyspepsia have shown that approximately 30 per cent of patients have no detectable organic disease. Not only does this mean that these patients are being (unnecessarily?) subjected to invasive tests, but they may potentially prolong the delay before "serious" cases are seen in the clinic.

Attempts have therefore been made to evaluate pre-screening questionnaires prior to endoscopy, to determine whether they can reduce the number of non-serious cases being endoscoped.

The pioneering work was carried out by DeDombal in 1975, in which the pattern of symptoms elicited with a carefully structured questionnaire made it possible (by reference to the accumulated database on a microcomputer) to predict with a high degree of certainty what was the underlying cause of particular abdominal symptoms.

Similarly, in 1982, Creen assigned "weighting scores" to symptoms and demographic features to allow calculations of probable diagnosis based on the patient's history. A simpler approach, which may be

These materials are believed to act by two mechanisms, firstly as a mechanical barrier which impedes reflux episodes and, secondly, in the event of reflux, the neutral alginate would be refluxed in preference to the gastric acid.

The rationale for the inclusion of antacid materials in raft-forming antacids such as Algicon Suspension (Rorer) and is to gain the benefits of both ie to neutralise the acid, form a raft. It has been demonstrated *in vitro* that particulate antacids significantly reduce the strength of the raft which results in decreased resistance to gastric mixing *in vivo*. The alginate traps the antacid making it unable to neutralise the bulk of the gastric contents, and reduces its neutralising power even if the raft is totally destroyed. So, alginate and antacid appear incompatible in a single formulation.

The cost-benefit ratio of liquid antacids is considered to be better than tablet antacids, however tablets are more convenient to carry about than liquids. The most effective liquid antacids, which are composed of either aluminium or magnesium hydroxide, vary in buffering capacity from 3 to 4.2 mEquiv. of antacid per ml.

Although antacids are established medications, the formulations vary enormously both in neutralisation capacity and mode of action. Many of the formulations appear to be based on data generated 20 to 30 years ago, or poorly supported claims in the literature. The rationalisation of both the testing methods and the number of formulations available is long overdue.

the same?

ray contrast techniques which are non-quantitative. Clinical trials have relied on analysis of questionnaires and have not, therefore, contributed to the knowledge of the mechanism of action. The aspirin-induced ulceration models in the rat used by Birtley and coworkers do not provide conclusive evidence for a mucosal protective action of dimethicone against peptic or stress-induced ulceration. Peptic ulcers have been demonstrated to develop only in the presence of acid and pepsin.

In addition to the lack of evidence supporting the anti-foaming and mucosal protective actions of this material, many formulations contain both aluminium hydroxide and dimethicone. But aluminium hydroxide has been shown to decrease the defoaming action of dimethicone *in vitro*.

The group of alginate-containing preparations are also classed as antacids, eg Liquid Gaviscon (Reckitt and Colman). These preparations are advocated for the treatment of gastro-oesophageal reflux and not general dyspepsia, and they should not strictly be classed with antacids since they do not neutralise the bulk of the gastric contents. The sodium bicarbonate which they contain is not used for its neutralisation properties, but rather to produce carbon dioxide bubbles by reaction with gastric acid. The gas bubbles become entrapped in the gel structure of the alginate and produce a floating layer on the gastric contents.

more generally applicable for the GP, is the "risk factor" system devised by Mann, in which certain key factors (see table 2) were likely to predict which dyspeptic patients needed endoscopic investigation.

Using this system they demonstrated that 30 per cent of patients did not need to be endoscoped, while still detecting 98 per cent of all serious cases.

What has been revealed by such endoscopic screening tests is the common occurrence of conditions such as oesophagitis with or without hiatus hernia. In Saunders' series (see table 3) only 17 per cent of the patients with evidence of organic disease had frank ulceration and oesophagitis was clearly a major cause of

Table 2. Predictive factors for serious underlying disease in patients with dyspepsia

Age > 50 years
Male sex
History of vomiting
Smoking
Past history of peptic ulcer or hiatus hernia

(From Mann et al 1983)

dyspeptic symptoms.

Although ulcers can now be readily diagnosed, some patients experience oesophageal symptoms in the absence of frank oesophagitis and for these, techniques such as prolonged oesophageal pH monitoring or gamma scintiscanning have made it possible to identify the underlying cause of their dyspepsia.

Stancu & Bennett demonstrated, using prolonged overnight pH recording, that dyspeptic symptoms such as heartburn accompanied acidification of the lower oesophagus due to gastro-oesophageal reflux, and that treatment with an alginate raft-forming product was able to reduce such reflux and the incidence of symptoms. The pH monitoring technique has also been used to monitor gastric acidity over 24 hour periods in studies in which H_2 receptor antagonist drugs have been used to heal duodenal ulcers.

Gamma scintigraphy is a newer technique which has been used mainly to study gastric emptying rates of radioactive labelled meals where delayed gastric emptying can give rise to dyspeptic symptoms.

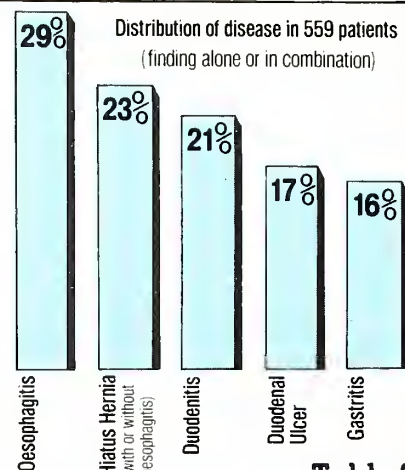


Table 3.

In conclusion, the use of carefully structured questionnaires, coupled with endoscopic evaluation, can improve the accuracy of the diagnosis of the underlying organic cause of dyspeptic symptoms in the majority of patients. In the 30 per cent who have no apparent cause for their symptoms it is probable that emotional factors and consequent motility disturbances in the gastro-intestinal tract are the underlying cause of the problem.

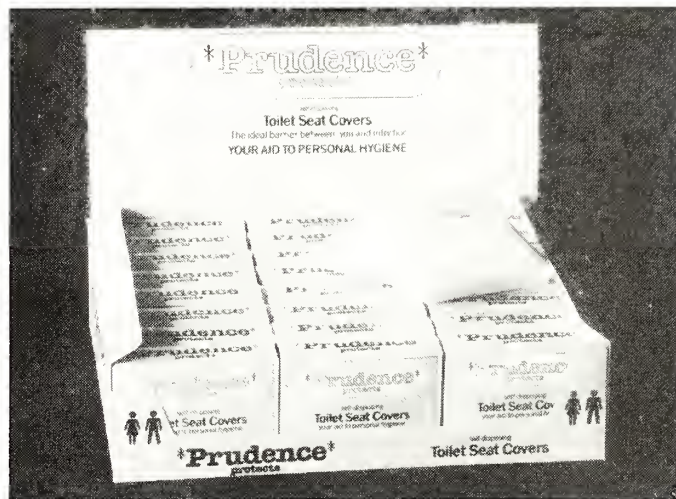
What is certain is that patients should not be treated for prolonged periods with simple antacids without referral to their doctor.

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Are you sitting comfortably?

Beechwell Ltd are launching their Prudence disposable toilet seat covers to the chemist trade this month. The product has been available by mail order for some time, and is now being launched nationally through wholesalers. During the first three weeks of June Prudence will be advertised in *Woman's Weekly*, *Woman* and *My Weekly*, stating that it is available from chemists.

The covers are made from tissue and designed to flush away. The company says it can also be used as emergency toilet paper. Inside each box of 20 (£1.39) are two separate packs. Display outers contain 24 boxes. *Beechwell Ltd, Newcastle Road, Congleton, Cheshire CW12 4HS.*

'Tangle test' for the extra dimension

Elida Gibbs are promoting Dimensions with a money-back guarantee. Consumers are asked to take the "tangle test" and if, after shampooing with Dimension, the comb does not go through more smoothly and gently, leaving hair tangle-free and in better condition, Elida will refund the purchase price in full. And satisfied users are offered a 15p off next purchase coupon.

A limited quantity of trial size bottles are available, pre-priced at £0.19. *Elida Gibbs Ltd, 43 Portman Square, London W1A 1DY.*

New look 5ml spoon

The redesigned 5ml medicine spoon is now available from Ashwood Timber & Plastics. The new model, dubbed the MK6 by Ashwoods, is

manufactured in glass-clear polystyrene to British Standards specifications; polypropylene versions are available to special order.

The new spoon differs from its predecessor in three respects: it is shorter; takes a measured 5ml dose while lying flat; and will free stand on the end of its redesigned box-sectioned handle so that it can be stored with the spoon bowl clear of possibly contaminated surfaces (cost around £7 per 1,000). *Ashwood Timber & Plastics Ltd, Plyta House, Leven Road, London E14 0LN.*



Chemist & Druggist 6 June 1987

Here are 10 reasons to stock this versatile healer for the whole family

①

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②

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④

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⑤

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⑥

Recommended by many midwives to nursing mothers with sore nipples.

⑦

A very effective general wound healer.

⑧

Very wide endorsement from health professionals.

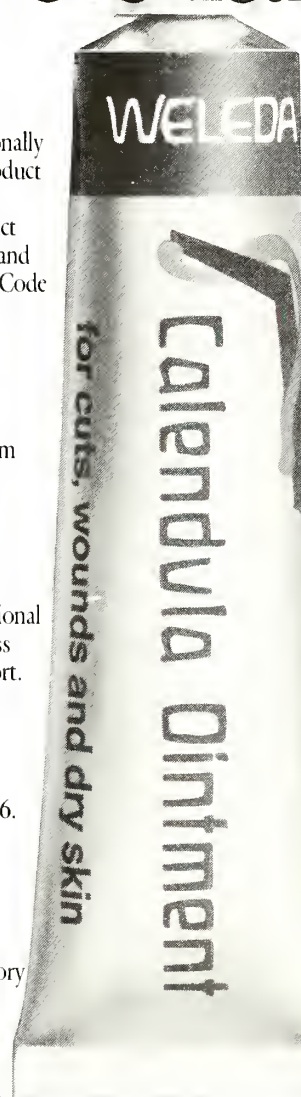
⑨

Indications: To promote healing of cuts, wounds, cracked or dry skin and sore nipples in nursing mothers.

⑩


Contra-indications: None known.

Fact pack on Weleda Calendula and general information on all Weleda products from:



Weleda (UK) Ltd, Heanor Road, Ilkeston, Derbyshire, DE7 8DR.

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Onward from Galen

The Hertfordshire countryside has been disturbed repeatedly by intruders. Some have caused destruction and disappeared, some have a record of building, others have left little evidence of their passing, and some have been embraced within the community.

Not far from a focus of current pharmaceutical politics, Mallinson House, the Romans chose to build Verulamium. Since then St Albans has been an important centre on which the Saxons and Normans have also left their imprint.

The first Verulamium was ransacked by the Iceni from East Anglia in AD61, but was rebuilt by the Romans by AD79. When the Roman legions were recalled to Rome around AD410 Verulamium like the rest of the country descended into the Dark Ages. The Roman buildings became ruins and disappeared until the excavations by archeologists during recent years. To a degree a parallel situation arises when considering the history of pharmacy and medicine.

Following the death of Hippocrates during the fourth century BC, the centres of Greek medical learning were supported by Alexandria where for over 400 years the Macedonians, Greeks and Egyptians contributed to progress in medicine, surgery and science. Together they provided the basis of modern anatomy and therapy.

Bonesetting Romans

Later Rome became "the centre of the Universe" and Greek surgeons, some prisoners of war, tended wounded gladiators. The Romans learned quickly, noting that the patients of the Greeks recovered in less time than those under Roman surgeons and when Julius Caesar invaded Britain he was accompanied by oculists, bonesetters and general physicians to attend his forces. This was probably the first organised military medical and surgical service complete with front line and base hospitals.

Caesar's was a preliminary skirmish; the "invasion proper" took place about 100 years later when Aulus Plautius invaded in AD43, and gradually over a period Roman ideas and their traditional gods, Jupiter, Mars, Mercury, Minerva, and Mithras were overlaid on the local culture.

Roman medical thinking was conditioned by the belief that illnesses or diseases were punishments for offending the gods or a wrath of some higher spirit. When diseases were "cured" or "disappeared" then the god or spirit had been appeased by appropriate acts. However during the first

To commemorate the NPA Show at historical St Albans, Arthur Wright, former editor, C&D, and pharmaceutical historian, looks at pharmacy through the ages.

century AD the influence of Greek doctors increased, the Greek culture reflecting a great deal from the writings of Hippocrates and his followers in the fourth and fifth centuries BC.

They used a wide variety of herbs, milks, wines, vegetables and fats, together with algae, almonds, althaea, aparine (goose grease), asphalt, carrot, cinnamon, cummin, excrements (ass, goat, mule, goose and fox), frankincense, horns (ox, goat, stag), myrrh, pepper, pitch, quicklime, salt, squill, sulphur, verdigris and worms. Although treating patients with preparations of such drugs, using them in eye lotions, formentations, gargles, pills, ointments, oils and pessaries, the followers of Hippocrates stressed the importance of diet in maintaining health.

Surprisingly, it is a man who was not a doctor who throws some light on Roman medicine and surgery. Aurelius Cornelius Celsus in AD30 published his work *De Re Medica*, based on the Hippocratic writings but including other material, especially descriptions of surgical procedures and instruments. He described plastic repairs of nose and mouth, of cutting for stones, excision of goitres and extraction of arrows.

Scribonius Largus in his *De Compositione Medicamentorum* AD73 acknowledged the value of the Celsus

publication. Largus, a physician, later accompanied the Roman invading forces in Britain. Another source of Greco-Roman medications is that of Dioscorides (AD50-100), who accompanied the Roman armies and studied the local flora. His great work, *De Universa Medicina*, describes over 500 plants together with animal and metallic substances and was quoted by materia medica authors until the 17th century.

The author who has probably provided the greatest body of classical medical material is Galen of Pergamon around AD130-201. His output was prodigious. He studied medicine in Pergamon, Smyrna, Corinth and Alexandria, was a surgeon to the Pergamon gladiators, and a born physician versed in anatomy and physiology. He followed the Hippocratic theory for the four humours, blood, phlegm, black bile and yellow bile, and his own doctrine of four basic temperaments — sanguinous, phlegmatic, melancholic and bilious. The humours had different characteristics — the blood was hot and humid, the phlegm cold and humid, black bile cold and dry, yellow bile hot and dry. Diseases were thought to be caused by alteration of the humours.

Galen classified his *materia medica* accordingly, and in spite of his erroneous ideas, which were held until the Renaissance, some of his therapy was effective, for example, his use of opium and the purges colocynth and rhamnus. Hyoscyamus and hellebore are other examples.

The literature available to the Greco-Romans also included descriptions of pharmaceutical processes, such as the extraction of oils from herbs by either pressure or macerating in hot water and



One of the drug jars to be won on C&D's stand at the NPA Show on June 21 (see p5 of this week's supplement)



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HISTORY OF PHARMACY



The Roman theatre at St Albans — an aerial shot

collecting the oily fraction. Volatile oils could be extracted using olive or castor oils or wine. Goat hooves, porcupines, snails, etc, were heated and the resultant ashes applied. A wide variety of herbs and mineral substances were subjected to a grinding process and aromatic fats were prepared by incorporating cassia, cardamon and cinnamon, etc. The preparation of ointments, plasters, lotions, liniments and vinegars called for a variety of known techniques. Suppositories and pessaries were made by absorbing medicaments on to soft wool and using the resultant "pack" or by incorporating the therapeutic agent in a soft base.

Sewers and hypocausts

Thus the Roman period provided an era for the development of Greek traditional medicine, but little can be traced of the Roman contribution, except in baths, sanitation, sewers and the hypocausts, each of which contributed enormously to public health.

Overall the Romans made an indelible mark on Britain (buildings and roads) and its heritage (law and order). The country had become a "Romanised" outpost and from the 4th century AD had adopted Christianity. Nevertheless there were problems. The Picts and Saxon pirates became an increasing menace when the Roman Empire itself was under stress elsewhere, and gradually (AD410-520) the change to a pagan Anglo-Saxon England took place. It was not until AD597 that paganism was again supplanted by Christianity and monasteries became

centres of learning. St Albans Abbey in AD793 was such an example being rebuilt and enlarged by the Normans.

Classical medicine had become overlaid by the Saxon folklore with its magic and superstitions, and it remained to the monasteries to maintain infirmaries where patients were treated with medicines prepared from herbs grown in the monastic gardens. More importantly the monks in Western Europe ensured the information was available for study and wider dissemination by copying and translating the Greco-Roman works and the later Arabic writings, especially after the introduction of Caxton's printing press around 1477.

In the Middle Ages pharmacy was unregulated. The public usually had to rely on folklore and self-medication or turn to those who claimed some medical knowledge and experience. Physicians were few in number and not available to the general public for financial or geographical reasons.

The origin of modern pharmacy can be discerned in the cross Channel commerce in spices, drugs and perfumes carried on by grocers and later by mercers and spicers. These together with the apothecaries and the chemists and druggists provide a continuous link with the present day community pharmacist, and the various organisations that have represented and eschewed his cause. Thus, albeit in a tortuous historical way, it seems appropriate that Mallinson House is so sited, near Verulamium where doubtless the Greco-Roman medicines and treatments were introduced to those in the Hertfordshire countryside.



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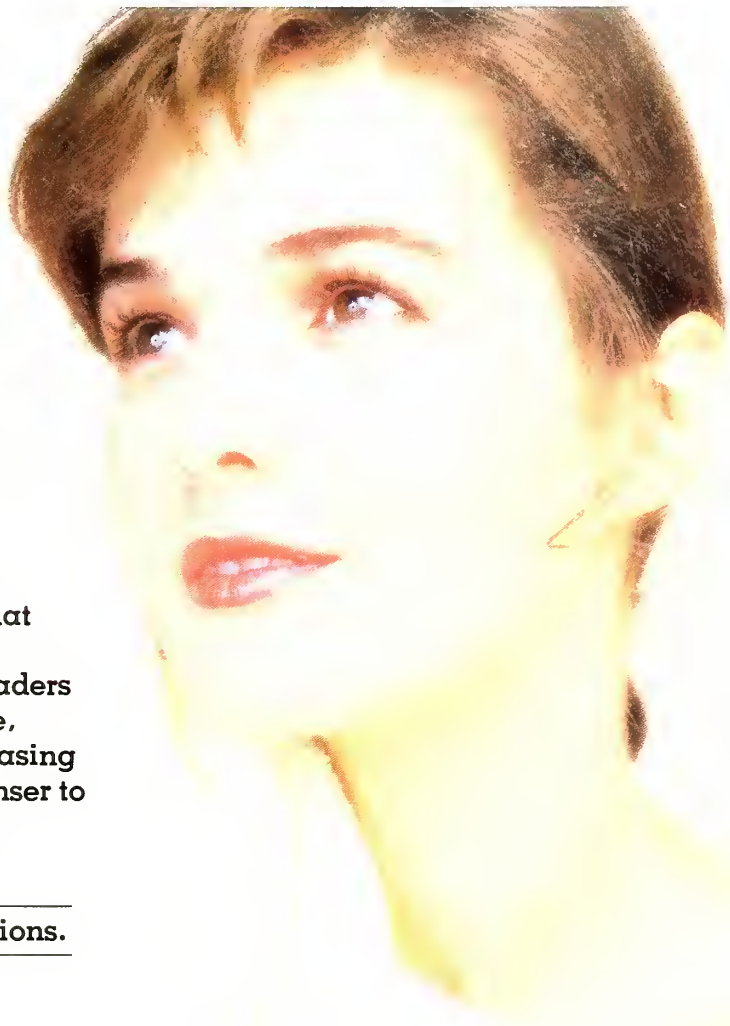
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Further information available on request from:-

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Telephone: (04892) 5366 Customer Services

Compatibility of Mira-Flow with surface treated gas permeable lenses has not been demonstrated

Skincare — a soft touch?



Cleopatra bathed in asses milk, country maidens washed in the morning dew, Joan Collins uses Vaseline — all to find that secret of eternal youth, a beautiful skin. Women's magazines exhort their readers to cleanse, tone, moisturise, and exfoliate, and manufacturers display an ever-increasing range of products, from the simplest cleanser to highly sophisticated ranges endorsed by eminent heart surgeons.

C&D guides you through the pots and potions.

Skin care is a market of promises: smoother skin, fewer wrinkles, an end to blemishes, eternal youth in a jar. In fact no certain way has yet been found to stop or reverse the skin's natural ageing process, but you'd never know that from reading through the advertisements for some premium skincare ranges.

Very expensive anti-ageing creams are an area which has seen a lot of activity this year, with launches by Helena Rubenstein, Estee Lauder, Dior and Chanel, all with varying scientific-sounding claims and heavy women's Press advertising. All those products will have their dedicated following, but in general British women don't spend large amounts on skincare, particularly compared to their French and German counterparts. And it seems British women don't believe the claims that some manufacturers make. Chesebrough-Pond's Annick Devillard says: "British women want effective quality products at a reasonable price. A lot of British women have dabbled in premium skincare and have become disillusioned. They don't believe those

super-duper claims. They just want good products they can afford."

The total market is worth £206m (AGB). Moisturisers take the lion's share with £86m, but cleansers are showing good growth and currently take around £45m. While the premium end of the market becomes ever more scientific and sophisticated, the mass market is going for simple fragrance-free products, plain and simple packaging.

Pseudo-sensitivity

Particularly good growth appears to be coming from products for sensitive skin. Roc say this is because many women believe they have sensitive skin even if it's actually just become drier with age and therefore more prone to irritation. Other manufacturers comment that women like to think their skin is sensitive because it makes them feel special — the "Princess and the pea" approach.

New product innovation has come mainly in three areas: exfoliating products, eyecare and rinse-off cleansers.

Exfoliation is designed to slough off the

dead cells that can build up in the skin's surface, and the products should usually be used once or twice a week rather than as part of the everyday routine. New in this area are Thomas Christy's peach facial scrub, the Body Shop's Japanese washing grains, and Aapri facial scrub gentle — the latter aimed partly at people who want products for sensitive skins.

A new kind of eye product has appeared over the past year or so. In the past women have always been offered particularly rich creams for the eye area, where the skin is thin and delicate. The newer products are formulated to gently tone the skin rather than load it with moisturisers. Among them are Klorane cornflower eye gel, Blackmore's eye gel, and the Body Shop's elderflower eye gel.

Finally the market has also seen a crop of cleansers designed to attract those consumers who like the feel of soap and water. They are applied like a normal cleanser but are rinsed rather than tissueed off. Vichy's Aqua Tendre and Pond's facial washcream are the latest of these.

"We've been a bit slow in catching up with new ideas," says group product manager Annick Devillard. Company research showed that the Ponds name was very much trusted by women, but it tended to attract mainly the older ones. Younger women were being wooed by the new kinds of products that were appearing elsewhere. This year sees the start of a new approach, with advertising and promotions stressing the Ponds heritage, but aiming for a more modern look. They're also trying to move away from the purely functional image of some of the products towards a more luxurious, cosmetic image, an approach designed to make women feel they are pampering themselves when they use the products.

The original creams range will be joined by Pond's lotions this year, a range of three products designed to be used together as a regime — the company says this approach is becoming increasingly popular. They also envisage some mixing and matching with the creams, which now include night cream, light moisturiser, and from this month, a facial washcream (150ml £0.99, 100ml £1.60). The idea, says Ms Devillard, is that the range will offer a skincare routine to suit the needs and preferences of every woman.

The lotion range comprises deep cleanser, packaged in green, gentle toner, in blue, and light moisturising lotion, in pink. The launch will be supported by trial sizes in packs of three 50ml bottles of each, or single 50ml bottles (pack of three, £1.65, single 50ml £0.59. Usual packs 150ml £1.65).

Strong Ponds branding will be common to the whole range, and all advertising will feature the sign-off line "Ponds. The effect is beautiful". The company is spending £2.5m on advertising for the brands this year, and the creams will be offered in trial size jars during July (£0.49).

Pond's get an update for 1987

Crusty old Queen Victoria may well have softened up with Ponds creams. The company has been in the skincare market for over 100 years, and the original products, cold cream and vanishing cream, are still being used. This year though, they're going for a more modern approach.



The new lotions will replace the Gentle Touch range, the company's previous attempt to capture the young market, which will be gradually phased out. "We learned a lot from Gentle Touch," says Ms Devillard. "We found that women liked the fresh, clean looking packs, and we're incorporating that in the lotions. But research also told us that women trusted the Pond's name, and that they wanted a fragrance-free product. So we're taking advantage of that too."

Also sharing in the heavier Ponds branding is the cream and cocoa butter range. Launched in 1982, it was a new departure for Ponds, the first of their moves away from purely functional products. "Ponds cream and cocoa butter is all about pampering," says Ms Devillard, and its advertising reflects a luxurious lifestyle. Pearlised packs have been introduced for a more cosmetic look, and advertising this year has been adapted to include body mousse, the latest addition to the range, and the "Ponds. The effect is beautiful" sign-off line. Advertising begins next month on TVam, running through to August. PR activity is focusing particularly on the body mousse, which the company is promoting especially as a Summer, after-sun product.

Chesebrough-Pond's second attack on the skincare market comes in the form of a probably even more well-known brand name: Vaseline. Both the original petroleum jelly and the Intensive Care range will be receiving television advertising support this year.

The Intensive Care range is positioned mainly as a handcare product, and in this area group product manager Euan Venters says growth is coming not so much from a rise in the number of people using hand lotion as from the amount and frequency of use. Their product also is used as an all-over

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Above: Ponds new facial wash cream, a rinse-off cleanser.

Left: POS leaflets back Vaseline Petroleum Jelly. Right: Trial size Vaseline Intensive Care.



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B E A T S O N G L A S S M A K E S B R A N D L E A D E R S



Beatson Clark plc

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moisturiser, particularly the aloe vera variant, which is especially popular for after-sun use, says Mr Venters.

Promotional activity for the coming year includes a re-run of the new leaf commercial in October, as part of a £1.25m campaign which began in March. The original commercial has been given a "human touch" with the addition of scenes showing how the product might be used, as well as the dried up leaf shots that have come to symbolise the brand. Promotions include 20 per cent extra free packs currently running, with on-pack graphics to highlight the differences between the variants and special Summer usage. This will be repeated in November and December (with different graphics) followed by trial size packs in January and February next year.

In 1988 the brand will see "major changes" says Mr Venters — but they're not giving away any more clues yet.

The traditional petroleum jelly will be receiving television support during the second half of this year. Promotional activity includes a new baby care leaflet available at POS and through magazines.

Trial size promotion for Ponds creams

Chesebrough-Pond's say the bulk of their business is still done through chemists, despite the growth shown by drugstores and grocery outlets. To help chemists hang on to their share, they advise making the most of display material. Co-ordinate display activity with what manufacturers are doing in terms of advertising, says Ms Devillard — window displays are particularly important for jogging the consumers' memory about



what they saw advertised on television the previous night. And make sure that consumers can easily find the products: "Despite all our advertising we still see Ponds products on the bottom shelf," says Ms Devillard. "Yet walk along the aisles of any supermarket and you'll always see the advertised products at eye level. Then there's instant recall at point of sale — and people grab them."

Ask your pharmacist — Vichy spread the word on skincare

What's this? A cosmetics company that sells exclusively through chemists? There must be something Vichy going on here!



Picture by Vichy

Sales of Vichy products have trebled in the last three years, going from £3m in 1984 to £10m this year — good news when you consider that every penny of that has passed through a pharmacist's till. The company is rare among skincare companies in distributing solely through independent pharmacies, and those who haven't seen any of this year's £10m might bear in mind that they're looking to double their accounts (currently at around 3,000) by 1991.

The company has pharmacy-only distribution in its native France, so continued the policy over here when it arrived in 1971. Says sales director Tony Marnier: "People see pharmacies as a place to go for objective advice. This is especially important for something like skincare where the alternative is a department store where the consultants are linked to a particular company."

Advantages for the pharmacist include the fact that all Vichy advertising and promotion directs their consumer to the pharmacy. "Products that are exclusive to them also help establish the identity of the pharmacy, and the pharmacist knows he is not going to be undercut by another outlet," says Mr Marnier.

The pharmacy assistant plays a vital role in Vichy's marketing strategy, because more often than not she is the one who gives the impartial advice that the company believes attracts skincare purchasers to pharmacies in the first place. They offer training and are currently expanding their training

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department. The company also ensures that assistants have access to samples, says Mr Marnier: "It's much easier to sell a product if you can recommend it personally."

POS material also plays a big part in Vichy marketing, and the sales force that calls on all the accounts are responsible for merchandising the products. The company says it has invested heavily in counter display material, with over 10,000 new shelf edgers and gondolas placed in outlets last year and further investment in counter display material planned for this year.

The sales force has more than doubled since 1984, to its present total of 14.

Promotional activity takes the form of colour magazine advertising, in Sunday supplements as well as the women's Press, combined with sampling. Back in 1985 the company began sampling with three million sachets. This was increased to eight million in 1986, and this year nearly 20 million sachets will be distributed. The two previous operations were carried out using direct mail but the company has since found distribution through the media more effective at reaching the target audience, so this year's campaign will go through magazines, as part of a £1.5m campaign.

Both Les Nutratives and Les Lumineuses have been sampled this way already, in *Cosmopolitan* and the *Mail on Sunday* magazine. In both cases the consumer is offered two samples: one each of the two variants of Les Nutratives, and two different shades of Les Lumineuses. Says Mr Marnier: "It means we present the consumer with the choice of which to buy, not whether to buy!"

Further sampling has taken place in conjunction with Pifco, with samples of Equalia 2000 being distributed with facial saunas and samples of body milk and hip and thigh cream with deep heat massagers.

Vichy say that in over 50 per cent of their outlets they are the most expensive range, but they maintain that the products are still within reach of many people. "We're certainly not an agency brand, but we're not mass market either." Because of their price point, the sampling is particularly important says Mr Marnier: "Our prices are reasonable, but they're not the kind of amounts that people will pay out just on the off-chance. If they try the products and like them then they will."

The company says it will tailor each account to the needs of the pharmacist, so that new accounts don't have to take the whole range: "We can be the chemist's prestige brand, his agency if you like, but we don't impose large stockholdings that the chemist can't turn over," says Mr Marnier. "A new account could take perhaps one cleanser range, one of the moisturisers — he doesn't have to take them all. And because of the price point, just a few customers a week will give a satisfactory turnover."



Real men don't wear moisturiser

Picture the scene: Mick Jagger, in a television commercial, holding up a bottle of moisturiser and saying "Maybe it'll help me stay a little younger looking . . ." If it doesn't seem quite right, don't worry — not only is routine skincare for men going to be a long time coming, it's going to look very different from women's when it does.

As soon as she's old enough to watch mummy taking off her make-up, a little girl begins to learn how to take care of her skin. Cleanse, tone, moisturise. Upward, outward movements, don't drag the skin round the eyes. In later years it's all reinforced by teenage and then women's magazines. What do boys get? Dry, sometimes sore skin through shaving, probably spots, and the idea that skincare is for girls.

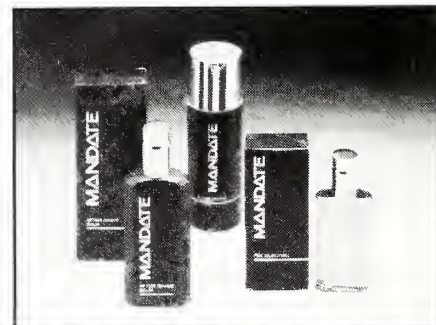
"There is a real need for male skincare," says Shulton's skincare expert Tim Foley, "but it is a very tough job to change attitudes." The market is growing, he says, but steadily rather than spectacularly. There is a small group of men using moisturisers and cleansers regularly — Shulton call them "future featurers" and use their behaviour today to predict what the mass market will be doing in the future — but the explosion in male skincare predicted every so often by glossy magazines still looks a long way off.

The male attitude to skincare is completely different from the female, says Mr Foley. Women will take care of their skin to protect it from the future and try and slow down the ageing process, whereas men see it as a matter of treating a problem — so they'll only use a moisturiser for example if their skin is actually causing them discomfort. In addition, the ageing process tends to make men look distinguished, says Mr Foley, and wrinkles certainly don't have the same stigma they hold for women.

Because of the way they use skincare products, men tend to just grab whatever happens to be in the bathroom — usually

something the wife/mother/girlfriend/sister has bought — so there is a lot of covert usage but very little self-purchase. Most companies say true usage figures are difficult to get at because men won't admit to using the products. Figures available suggest around 10 per cent male usage of products like Vaseline Intensive Care or Johnson's baby lotion, which don't have overtly feminine packs or strong fragrance. Smith & Nephew say Nivea also has significant male usage.

Skincare products especially for men appear in the Aramis and Paco Rabanne ranges, as well as Shulton's Grey Flannel which includes face moisture formula, which the company says is light and non-greasy, and contains a sunscreen. All of these are likely to appeal to a more confident, fairly select group, says Mr Foley. Shulton say: "The Grey Flannel man is not ashamed to look after his skin — he doesn't dip furtively into his girlfriend's moisturiser." Shulton are also introducing skincare



Shulton's Mandate range combines shaving with skincare

Suddenly, other methods of sterilisation look dangerously old-fashioned.

Suddenly, a new opening for profit

Once in a while, a new baby care product comes along that creates a stir in the market.

Such an event is about to happen with the launch of the new Avent steriliser. It's an entirely new concept. Tried, tested and fully approved by professionals in baby care. It is not only going to create interest but become a major selling high value item with potentially increased profits for you.

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Until now, sterilising babies' bottles and teats has been a rather hit and miss affair.

There's boiling. Fine if it's done for long enough and there are no air bubbles trapped in the bottles.

There's the cold method. It works if the concentration is right. The bottles have to be left for the right length of time. And there are doubts about the safety of sterilisation chemicals so rinsing is now recommended which could result in a non-sterile bottle.

Now there's the new Avent steriliser. We believe, the only foolproof method. It uses a totally different technique: steam sterilisation.

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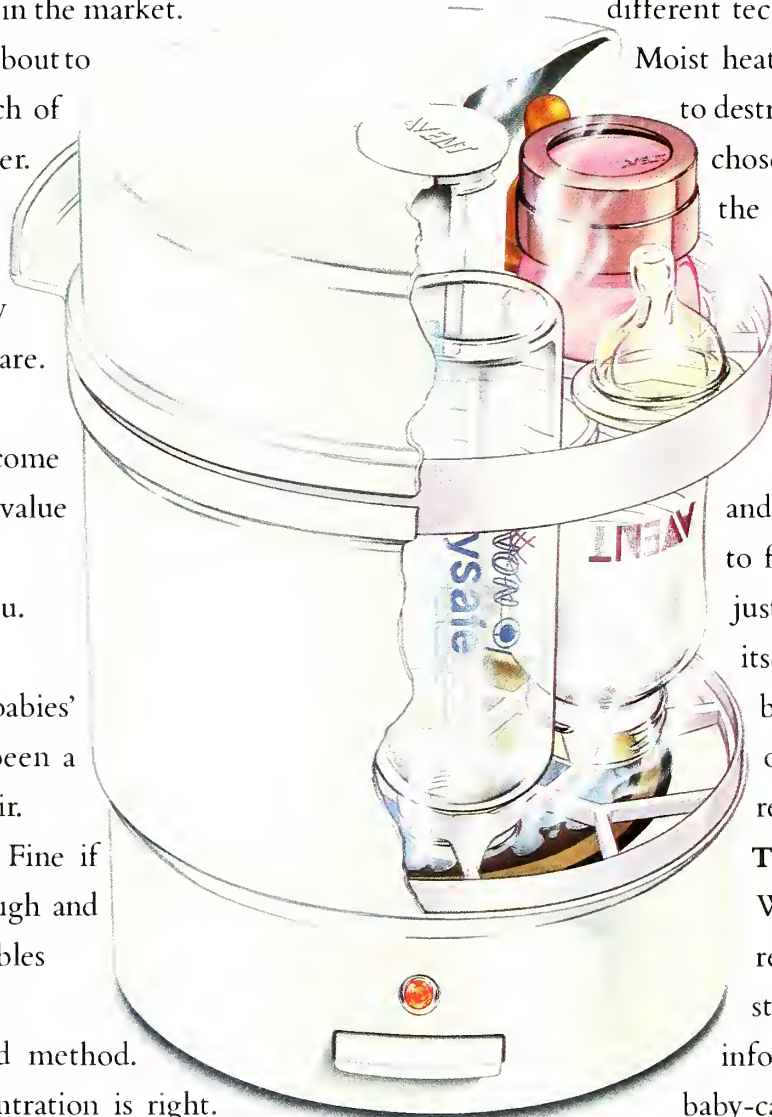
Safe, easy to use and very fast, it sterilises up to four bottles and teats in just 5 minutes and switches itself off automatically. Baby's bottles, whatever the make or shape come out sterile, ready for use, every time.

The time is now

We're putting a lot of resources behind our new steriliser, with full colour informative advertising in

baby-care magazines and annuals, plus merchandising support and product demonstrations.

Don't be left out with the old methods on your shelves. Stock up now and profit the new way with the Avent steriliser.



Teenage spots – the problems and some solutions

"Spots" afflict many young people, sometimes causing a great deal of emotional distress. Dr J.E. Gray, MB, BS, MRCP, looks at what causes them and how pharmacists can help.

The term "teenage spots" encompasses a spread of facial blemishes occurring during adolescence. An estimated 70-80 per cent of teenagers suffer from "spots" at some stage, of these some 10 per cent will experience a more severe form and may seek the advice of a pharmacist or medical practitioner.

Spots and acne almost certainly represent the different ends of a spectrum of a single disorder, acne, in the mind of most doctors but not necessarily in that of their patients. Acne is fairly easily recognisable but some spots, while superficially resembling acne, have a different cause. Abnormal or severe spots often need a medical opinion.

Acne – the background

Acne is a pathological condition of the sebaceous follicle of human skin occurring not only on the face but on the back and to a limited extent on the chest.

The most important sub-groups of "spots" and acne are:

- 1 Blackheads (comedones)
 - 2 Greasy skin (seborrhoea)
 - 3 Inflamed spots (papules) and pus spots (pustules)
- Teenage "spots" in category 1 and possibly 2 might be accepted by the sufferer as normal. Severe greasy skin and category 3 might be more socially unacceptable and prompt the desire for active treatment.

Acne develops at puberty and usually resolves spontaneously by the early twenties. It is a multifactorial disease and variables such as hormonal upheaval of puberty affecting the control of the sebaceous glands, sebum secretion which manifests itself as greasy skin and the individual's skin type, may be important.

Both sexes are affected although males appear to suffer the more severe forms, probably due to the higher levels of androgenic (male) hormones circulating at puberty. All racial groups suffer from spots and acne. Climate plays a role — sunlight helps to temporarily clear some sufferers' acne although a hot humid climate may exacerbate it due to excess sweating.

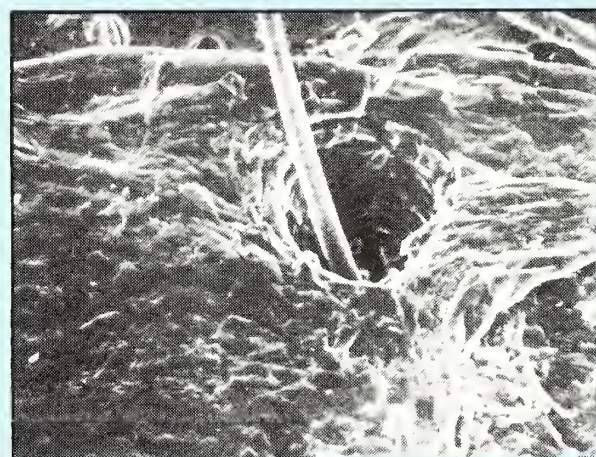
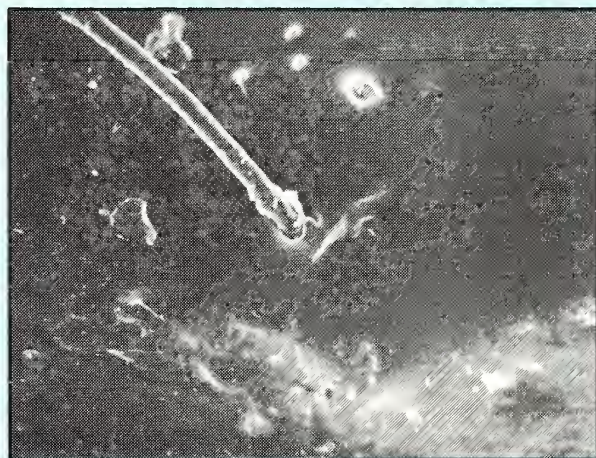
Specific therapy

There are four groups of preparations which have activity against spots and acne. Some are available OTC, others OTC and prescription and others prescription only. They may be categorised as follows:

- 1 **Bactericidal:** Antiseptic soaps, creams, lotions and gels such as Biactol face wash, kill bacteria on the skin and in the hair follicle. They take several weeks to show any effect but can be helpful in mild acne as well as isolated spots. Miconazole is also used for acne, in conjunction with benzoyl peroxide (Acnidazil), by virtue of its antibacterial activity.
- 2 **Abrasive agents:** Designed to unblock hair follicles. These include the slightly more potent compounds known as keratolytics of which sulphur is probably the best known. These are of most use in people with fairly mild acne. Clearasil vanishing cream is an example containing 8 per cent sulphur and producing a reduction in spots and acne over several weeks. Other products based on sulphur include Eskamel and Dome-Acne cream.

- 3 **Topical drug formulations:** Usually presented as lotions, creams or

continued on p1138



Bactericidal preparations kill bacteria on the skin and in the follicle, unblocking pores. Top: untreated skin; centre, after washing with soap; bottom, after using Biactol



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continued from p1136

gels. One or both of the above actions plus anti-inflammatory action. The most effective of the OTC preparations for spots and mild to moderately severe acne contain benzoyl peroxide as the active ingredient. This has been the mainstay of OTC and prescription topical treatment. As well as being a keratolytic, benzoyl peroxide has an antibacterial action. It is effective even in low concentrations and for mild to moderate acne. Preparations containing 5 per cent (eg Topex, Acnegel, Benoxyl 5, Benzagel and Panoxyl) or 10 per cent (eg Clearasil acne treatment, Nericur and Quinoderm) represent some of the most potent OTC therapies available.

Improvement is rapid even with a once-a-day application in mild conditions and twice daily in the more resistant. Benzoyl peroxide is safe despite scares in the Press which are so far unsubstantiated.

4 Oral treatment: Tetracycline has been in use for many years and is highly effective even in moderate to severe cases of acne. More recently tetracyclines have become available in topical form (Topicycline). New treatments for very severe cases include the use of retinoids derived from vitamin A, and ultra violet therapy in hospital clinics.

Development of spots

The fundamental process probably involves an excess of keratin in the opening of the follicle which prevents the escape of sebum. A blackhead subsequently develops and the trapped sebum acts as an irritant causing inflammation and leading to inflamed spots of varying intensity. At its worst acne causes deep cysts and scarring.

There is considerable evidence suggesting that bacteria are important in the development of spots and acne. These are the *Propionibacteria* which may cause inflammation in skin follicles by changing the environment within the gland. The role these bacteria have in fat metabolism in the hair follicle in the development of individual spots is still uncertain.

An occupation where there is exposure to oils and grease can cause or worsen acne like irritation of the hair follicles. Some types of spots may be caused by chemicals.

The oral contraceptive pill has an unpredictable effect on spots and acne. In some cases improvement and others a worsening.

Cosmetics may aggravate acne if used in excess. But there is no evidence that diet

affects the formation of spots or acne.

Treatment

The majority of teenagers who find their spots or acne socially unacceptable will initiate treatment without consulting a medical practitioner. Many will, however, probably wish to purchase an OTC preparation from a pharmacy at some time during adolescence.

The array of preparations for the prevention and treatment of spots and mild to moderate acne is extensive. Advice on the efficacy and safety of available therapy will often depend on the perceived severity of the condition.

Washing with simple soap and water helps to remove blackheads but makes little impact on established acne. Washing with an antibacterial face wash may help mild acne and spots by reducing the bacteria on the skin. People with excessive greasy skin may also experience a fresher feeling with such products. Many will also have greasy hair and benefit from specially formulated shampoos.

Side effects such as stinging, redness, excessive peeling and soreness are not uncommon but rarely severe.

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† Tissue Industry Audit, p. 13, 1987



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- £1.3 million TV spend.
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- Heavyweight press campaign for Clearine Eye Drops through to the end of the year.

With support like this, demand for Optrex is going to be even bigger in '87. So stock up now.

Optrex. What a sight for sore eyes.



continued from page 1134

benefits into some of their shaving products — the Mandate and Pierre Cardin ranges include a shaving foam to protect and an after-shave balm to moisturise.

Outside fragrance ranges, Roc offer the Keops hypo-allergenic range, comprising mainly shaving-linked products, while Clinique Skin Supplies for Men also includes products like anti-blemish control cream which comes in several shades. Both are premium ranges, and are sold alongside female skincare. Tim Foley says this means they are likely to be bought by women for men rather than by men for themselves.

Fairly new to the market is Skin Fitness (distributed by Dendron), comprising after shaving moisturiser and enriched shaving cream at mid-market prices. It is said to be selling particularly well in London, where its poster and radio advertising has been concentrated.

Mr Foley believes though that products are more acceptable to men if they are linked to a fragrance line — "Male skincare products can be seen as fragrance line extensions, as bath products are to female fragrance." He does not think that fragrance-free skincare will be popular with men, despite the fact that fragrance is not a

good ingredient to have in skincare preparations because it can irritate.

Mr Foley predicts that there will eventually come a time when moisturisers at least are de rigueur for men, but don't expect a replica of the female market. A nightly regime is out for a start: "The time when they look in the mirror in the morning while they shave is the only time men really think about their face," says Foley. "A product that would be widely used would have to be linked to shaving, and it would have to be quick to use."

And if men are to be encouraged to buy their own skincare products, they'll have to be reasonably priced and accessible. "Self-service is a must," says Mr Foley, "and the products shouldn't be displayed alongside women's skincare. Because of this, growth won't come from department stores — men see them as female fortresses."

Finally, says Mr Foley, terms like moisturiser and cleanser are out: "We need a new generic for men's products, so that they don't associate them with female skincare." And if it all sounds a bit remote at the moment — just think how well male perfume has done since they started calling it aftershave!



Shulton's Grey Flannel man has his own moisturiser.



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Name _____

Outlet Name _____

Stand No. _____

& Address _____

Postcode _____

Total Mileage _____

Tel. _____

Skincare for big babies

When it comes to skincare, it seems some people just never grow up — third place in the toiletry league is taken by Johnson & Johnson baby products, and adult usage of their range is now well over 60 per cent on all products. And this year their marketing activity is coming out of the nursery too.

Only 30 per cent of Johnson & Johnson baby products are bought for babies — and even then, the company says, who it's bought for and who uses it up aren't always the same. Baby Oil has the highest adult use with 90 per cent, followed by baby lotion with 75 per cent. The brand is particularly strong in the cleansing sector, and this year they've turned their attention to moisturisers as well with the launch of Baby Moisturising Cream.

Packaged in a pump dispenser, the product answers what J&J feel is an increasing consumer requirement: "People are willing to pay for convenience — and new convenient packs or presentations can revitalise a product," says J&J's Peter Hayes. Baby Moisturising cream contains silicones, which he believes are destined to become a very popular ingredient in skin care products: "There'll come a time when silicones are the norm in moisturisers — they'll be what fluoride is to toothpaste". J&J hope the new product will take share of three markets (adult moisturiser worth, they say, £120m, hand and body care (£50m), and baby skin care (£25m).

The desire for convenience has led to

very healthy growth in larger pack sales, say J&J — large packs now take around 30 per cent of sales. The lotion now comes in a pump pack for the largest size. J&J research also discovered that consumers want products to be versatile — "We had thought that the market was becoming more specific," says Mr Hayes, "but we found that consumers want products that have several uses."

The company asked consumers to rank in order of preference various characteristics of a cleanser. The top four were suitability for sensitive skins, value for money, pure ingredients and versatility.

This year J&J are running their first major promotion aimed at adult users in several years. "Building for the Future" offers five first prizes of £5,000, 25 second prizes of £1,000 and 500 runners-up prizes of £100, put into Nationwide Building Society accounts. And later in the year national television advertising aimed at adults will run on the skincare products, a £1m burst of the company's overall £5m investment.

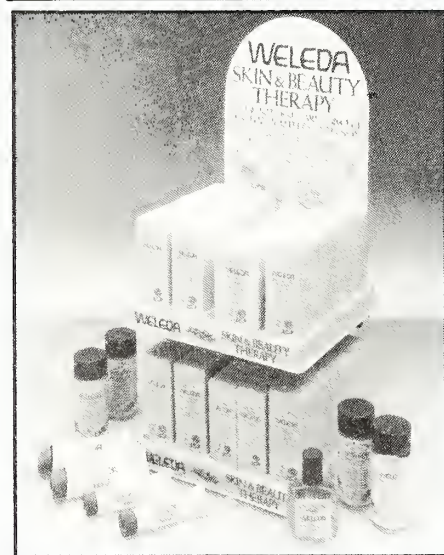
They strongly recommend dual siting of the products to take advantage of the adult usage — lotion, cream and oil with adult skincare, and baby shampoo with ordinary shampoos, as well as both in the baby care section. They've found that chemists aren't always very keen on trying the idea, but J&J believe it does pick up extra sales: "The people who would buy baby products for themselves anyway will go and get them from the baby care section. But by putting the products in with adult skincare you can also pick up some of the customers who've come in to buy a cleanser or a moisturiser and perhaps haven't a particular one in mind, or want to try something new."

In the face of rising television costs, J&J

POS material for the "Building for the Future" promotion

are now also looking at using other media. Mr Hayes says: "We're not alone in this. Television advertising costs are rising at the rate of 30 per cent and audiences have fallen. Companies can't raise the prices of consumer goods to cover that. We're looking at other ways to maintain our share of voice. One area that helps is advertised on-pack promotions — we can deliver three million new messages that way," says Mr Hayes.

Johnson & Johnson say they have increased their investment in sales force callage to chemists, and have also increased funds for PR support and sampling.



The natural look

In line with the trend towards natural beauty, Weleda products containing no artificial additives and are made without animal testing.

The range is based around calendula and chamomile, and includes cleansing milk (100ml £3.25); cleansing/toning lotion (100ml £3.25); cold cream (60ml £2.25); face mask (60ml £2.25); and moisturising cream and lotion (30ml £2.25 and 100ml £3.25).

This year they are offering a consumer promotion and some special offers for retailers.

Quite Simple

New television advertising for Simple skin care is entitled "Gilding the lily" and shows a pure white lily being sprayed with colour and scent with the commentary: "When

something is as pure and natural as this, would you add artificial colouring? Would you add perfume? . . . Neither would we." The £1.2m campaign runs for alternate fortnights throughout the year on Channel 4.

The company say they will also be offering a full promotional programme during the rest of the year.

Double bubbles

Women's Press advertising for the Radox Moisturising Collection runs until July, and to complete the support package Nicholas Laboratories are inviting consumers to "Find an excuse to celebrate with Radox". An on-pack competition asks them to list in order of importance four reasons "Why you should always pamper yourself with the Radox Moisturising Collection" — correct entries win a bottle of Heidseck champagne.

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Roc rock on

Browse through any woman's magazine feature on hypo-allergenic products, and you'll almost certainly find Roc mentioned. In France, where they have chemist-only distribution, Roc products are the leading hypo-allergenic range. In Britain they pursue a less rigid distribution policy, but independent chemists still do almost half their business — fairly unusual for a premium range.

Recent product development in skin care has included soothing eye balm, essential skin revitalising cream and intensive hand care cream last year, and Hydra +, a day moisturiser launched at the beginning of this year, and backed by advertising in monthly women's magazines until the end of this year, plus sampling and direct mail.

According to the company's research, consumers expect to find their products in good independent chemists, but they find that poor display, and lack of cosmetic expertise hamper their progress in the sector. To improve the situation they offer a range of POS material and training including one and two day schools throughout the country. This year they say they have "substantially increased" the range and quantity of trial size samples.

But Puf ads

But Puf facial sponges are currently being supported by a series of advertisements and advertorials in the women's Press. The campaign which runs until August will be backed by couponing and a range of POS material.

Aapri additions

Gillette's Aapri range will be backed by a £1.7m advertising campaign this year, mainly focusing on the two latest additions to the range, facial scrub gentle and dual cleansing pads. Samples of the two new products will be distributed through women's magazines, and trial sizes will be available for sale. At the same time the original range will be on special offer.

Sun worshippers

Thomas Christy are set for Summer with a range of moisturisers containing UV filters — marketing manager Lynn Regan says demand for these is "literally going through the ceiling". The company also notes high demand for exfoliation products and regime skincare, which they intend to meet with their peach facial scrub and "introductory trio" of cleanser, toner and moisturiser. The company claim brand leadership in the face pack sector and launched a new variant last year. This year they plan to back their facepacks and bodycare with a £300,000 women's Press campaign until the end of the year.



Primrose potions

Skincare trotted down the primrose path last year, with the launch by Efamol of Efamolia, a range of moisturisers containing evening primrose oil. This year the company is seeking to build up its distribution, and is also drawing up a promotional plan, including advertising and PR.

Recent activity has included a wallet pack of handbag size tubes, sampling through magazines, and special merchandisers.

The Efamolia range comprises moisture cream (£3.50); skin lotion (£4.50); and enriched night cream (£4.95).

Care from Crookes

For plain and simple skincare, Crookes offer E45 cream, which they say is widely used as a moisturiser and handcream as well as for specific skin conditions. No advertising is planned for the brand this year but a programme of PR and promotions is currently running, focusing mainly on consumer sampling. The product gets frequent mentions in women's Press articles, especially on budget skincare. Crookes are also working on support for healthcare professionals, and the total promotional spend this year amounts to £500,000.

A leaflet "Help and advice for dry skin conditions" is available from the company.

Flyaway skin

Space-age skincare is the order of the day from Neutrogena — their soap was given the NASA seal of approval when it was used on the Skylab missions. The company says the soap has "outstanding rinsability" which was why it was chosen for the spacecraft, where water is at a premium.

For earthlings, this year Neutrogena's marketing plans include a new product, the first addition to the range for two years, to be announced soon.



Advertising support for the range has been increased, and the company is running an active PR programme, as well as working with dermatologists, many of whom recommend the range, the company says. Neutrogena soap is currently being advertised in the woman's Press, with editorial style advertisements detailing care routines for different skin types and directing consumers to their chemist. POS support to chemists is to be increased this year.

Hypo-activity

Traditionally associated with the currently very buoyant hypo-allergenic sector, Almay say they've had a good year. Unit sales show 14.7 per cent growth with cleansers and toners particularly healthy.

Last year the company made a bid for the treatment sector with the launch of Interactives, a range of five products designed for specific skin care problems and the effects of ageing. The launch was supported by women's Press advertising.

Advertisements are currently running as part of a £750,000 campaign split between skincare and colour cosmetics.

Currently running is a promotion unique to chemists, offering 55ml trial sizes of cleansers, toners and moisturisers.

Teen appeal

Catch 'em young is the Nivea philosophy — manufacturers Smith & Nephew say the brand appeals to women during the opinion-forming early teens.

They say the chemist remains "an invaluable source of sales" and recommend that the whole range be displayed, as the proportion of consumers with dry, combination or normal skin is virtually equal, and consumers are very particular about using the product for their skin type.

Body care is a large part of their sales, and the ratio of usage has shifted from 70:30 facial versus body in 1985, to 60:40 in 1986. It's possibly because of this the company has found lotions to be growing faster than creams.

Plans for this year include "heavyweight" promotional spending and on-pack activity during peak sales periods.

Skin deep

Whitehall Laboratories' Anne French deep moisturising cream and deep cleansing cream have now been reformulated to include allantoin. The addition is flashed on-pack. The range is being backed by a PR campaign aimed at the women's Press and advertising in the women's and teenage magazines and on national radio based around the copyline "Fresher looking skin however close you get."

Hurly burly world of ibuprofen and Nurofen

Professor Stewart Adams has, as the saying goes, been around for a long time, so it is not surprising that he is, at last, contemplating retirement. But it is not something, he admits, that he has thought a lot about. At the moment he works part-time for Crookes in the marketing department and describes himself as their scientific advisor. "But I don't see myself going on with it much longer — probably only a year or so," he says.

How does an essentially academic man like Professor Adams end up getting involved in marketing? The clue lies in his special area of interest. Pharmacy students at Nottingham University in recent years will recall his lectures on non-steroidal anti-inflammatory drugs. And pharmacists may have heard him talk at Crookes-sponsored seminars on analgesics.

Boots' research department is more likely to remember him as the man who led the team which developed ibuprofen. Professor Adams reckons he is lucky to have been able to extend his career due to the compound's recent deregulation. "I don't know what I would have done otherwise," he says, "pharmaceutical consultancy work perhaps?" He does find he has a lot more time on his hands now compared to 18 months ago, when dealing with regulatory authorities worldwide kept him more

occupied. But he suspects his wife found him more manageable when he was busy.

"I do enjoy gardening — or rather my wife does the garden and I help out. We both enjoy caravanning and that is something I would like to do more of. I don't find business travel takes the enjoyment out of going abroad," he says. "I did a lot of travelling in Europe last year, and a lecture tour in Pakistan. I did one before in 1982, but took my wife this time." But he has missed not going to the United States recently. "I like the States very much. It's a very dynamic and lively place, although there are a lot of aspects you can't turn a blind eye to," he says.

Like any academic worth his salt there is a touch of the philosopher in Professor Adams, and the current status of community pharmacy holds a fascination for him, perhaps a hang over from the days when he did his retail apprenticeship.

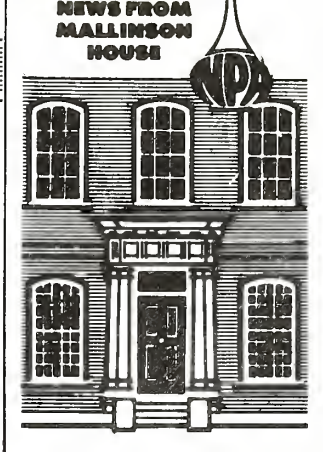
Although he does not feel close enough to the retail side to be an accurate observer, he says pharmacists have not played the role they could have in community medicine. "My general view is that there must be a better place for pharmacy, but how that comes about I don't know — possibly through changes in the educational process?" he says. Certainly he is not over-impressed with the clinical knowledge of some pharmacists he has met in recent months, which worries him when they are the people to whom the public are turning for advice.

"Training should be widened into public health areas," he asserts. "Young pharmacists go out into the world missing so much practical information. Should a pharmacist have to learn all this by experience? I have been talking to a Boots preregistration course about analgesics, but a whole range of other things on the course were very relevant. I sat and listened to one on babyfoods — nothing very complicated but important to know something about."

And although he moved late from R&D into the marketing side to help with the launch of Nurofen, he found that too an interesting field. "I've always found marketing attractive. I suppose it goes back to my early days in retail when you had to have a strong commercial background. Marketing can be a lot deeper than people think — there's a bigger intellectual component than many imagine," he says.

However he admits that some marketing approaches do stretch the imagination and get his hackles up. "One of the things I tried to do with Nurofen was to ensure it was presented in a professional way. I managed to convince my colleagues that this was not any old OTC product. I felt at the time that if OTC ibuprofen did succeed it could well lead to other products going POM to P. If it had failed on safety grounds it would have been disastrous for pharmacy."





Manpower crisis for pharmacy

The shortage of pharmacists is worsening, and could lead to a break down in pharmaceutical services with the temporary or permanent closure of some pharmacies, according to National Pharmaceutical Association Board member Peter Taylor (Newcastle-Lyme).

He pointed out that a Local Pharmaceutical Committee, another contractor, a patient or a Family Practitioner Committee could allege a breach of terms of service if a contractor was unable to fill his contract because he had failed to obtain the services of a pharmacist. However, it was felt that any Hours of Service Committee considering such a case would take into account the pharmacy manpower situation. NPA director Tim Astill, told the May Board meeting that he had written to the Pharmaceutical Society seeking the Council's views in light of its own manpower surveys. **Value Added Tax** Mr Astill reported on a meeting of the Retail Consortium's Council at which their European Consultant, had provided further information on harmonisation of VAT within the European Community. The UK has been committed to abolition of the zero rate since it acceded to the Treaty of Rome in 1973. It is predicted that all countries in Europe will be required to harmonise VAT and Excise duties by the early 1990s. This will create more opposition in some countries than in the UK where the main problem is zero rating. The argument put forward in the UK is that the abolition of the zero rate on such items as food and children's clothing would bear most harshly on people who could least afford any increase in their cost of living. The reply from Brussels was that if the UK wished to benefit the poor they should do so by increasing child benefit, family allowances, etc.

For NPA members, administration of two positive rates is unlikely to be much more complicated than that of a zero rate and a single positive rate together. As to the level of VAT rates, the present thinking in the EEC is that member states must attempt to standardise on the present EEC median levels which are about 5 per cent and 16.5 per cent.

A report from the Directorate — General Customs Unit and Indirect Taxation on the evolution of VAT rates

applicable in the member states showed that the UK had many more categories listed as zero rated than any of the other countries.

Proposed Voluntary Levy It was recognised that the successful establishment of a compensation fund to benefit those contractors disadvantaged by the new contract would depend entirely on the altruism of contractors who would not themselves be disadvantaged. If a substantial majority of contractors agreed to contribute to the fund proposed by the PSNC, the individual sums required would be small, especially if paid, for example, on a monthly basis over a two year period. **Nil Discounts** Lewis Priest (London) reported that the highest value prescription item dispensed in recent years was worth £18,000 (a special blood product). He pointed out that if the sum had been subject to full discount, the contractor would have been substantially out of pocket, and it was agreed that such exceptional items should not be subject to the general discounting scheme.

Hydrocortisone warnings Following the recent distribution of the Crookes' folder of information on use and misuse of OTC hydrocortisone, the Business Services Committee has decided not to proceed with an NPA warning card of similar content.

Barclaycard Members had objected to Barclay's claims that the bank's proposed debit card rates were no higher (at 2 per cent) than the service rates currently being paid by retailers for Visa credit cards. Board members did not accept Barclay's subsequent claim that most NPA members were still benefitting from the reduced Barclaycard rates (3½-4 per cent) that had been granted to them, through the Association, prior to 1982 when the scheme had been withdrawn. According to NPA figures only a small percentage of members had taken advantage of the offer at the time. The matter is to be pursued further. Meanwhile, members are reminded they can still take advantage of the reduced service rates offered by Access.

Dispensary Refrigerators The business services department is to consult manufacturers about including maximum and minimum thermometer as a standard accessory, this is now a Pharmaceutical Society requirement.

Dispensing technicians correspondence course Les Calvert (Leeds) observed the



Leslie Calvert (Leeds) was presented with a commemorative mortar and pestle by chairman David Thomas, after serving three terms on the NPA Board.

level of marks seemed to be improving. Of the first year students 93 per cent had passed the last two test papers; of the second year students the percentage of those passing was 99 per cent (only three failed out of the total of 167. Dropout rates were also very low.

Ostomy Evenings NPA training officer Ailsa Benson reported that the NPA/Squibb ostomy meetings had been well received. John Wilford (East Sussex) commented that at his meeting, stoma nurses had felt that many pharmacists were not yet willing to deal with ostomists. There was also concern over the lack of privacy within some retail pharmacies.

Autumn training courses Ten "Success in Selling" courses will be held in London and the provinces and five others are planned including "Stock Control and Merchandising" in September, and "Profit Through People" in October, both in the West Midlands. Aberdeen and Dundee have been chosen as the two Scottish venues.

Carbohydrate content of OTC medicines The latest addition to the NPA "Notes for Proprietors" is a list of the sugar, carbohydrate and calorie content of OTC medicines.

Annual Meetings AGM's for the Chemists' Defence Association Ltd, National Pharmaceutical Association Ltd, and NPA Services Ltd will take place on Tuesday July 28. The Pharmaceutical and General Provident Society's AGM will take place on June 22.

NPA House of Commons Dinner Parliamentary guests included Lord Graham of Edmonton (House of Lords Whip and Honorary Secretary of the All Party group for the retail trade), Mr Frank Dobson (Opposition Health Spokesman), the Right Hon Alf Morris MP (Front Bench Spokesman), and Mr Frank Haines MP (Whip for Social Security).

Lifting the lid on common eye problems

The eye is often affected by minor self-limiting conditions for which self-treatment with non-prescription remedies is appropriate, says Professor Alain Li Wan Po, professor of pharmaceuticals, The Queen's University of Belfast. In a number of cases, however, the symptoms may mask serious underlying conditions for which help is urgently required. The challenge for the pharmacist is to separate the serious problems from the trivial ones.

As a general principle, only conditions affecting the adnexa of the eye should be considered for OTC therapy. Eye problems presenting with pain in the eye and visual disturbances should be referred. Loss of visual acuity particularly of sudden onset, blurring of vision, nystagmus and floaters are ominous signs which should be urgently heeded in order to avoid permanent damage to the eye structures. With these guiding principles, some of the commoner conditions affecting the eye can now be considered.

Anatomy and physiology

Figure 1 (overleaf) illustrates anatomy of the eye and its adnexa.

The cornea, the outermost component of the eye, is a semi-permeable structure which helps to buffer the impact of abrupt changes in the outer fluid while allowing free diffusion between intraocular and bathing fluids. It is a laminated layer with the outermost layer (*epithelium*) undergoing continuous regeneration much like the stratum corneum in the epidermis. Minor abrasions to this layer are therefore easily dealt with.

The cornea, aqueous humour, lens and vitreous humor act as a composite lens

system to focus an image onto the retina for processing by the central nervous system. Accommodation (focusing) is achieved by change in the convex curvature of the lens. The lens is an elastic structure, readily deformable by the contraction and relaxation of the ciliary muscles. The latter are controlled almost entirely by the parasympathetic nervous system, thus explaining the pronounced effect which cholinergic and anticholinergic drugs may exert on accommodation.

In addition to the parasympathetic system, sympathetic fibres also innervate the eye. While the latter have little effect on focusing, both systems have an important influence on light accommodation. Parasympathetic stimulation excites the pupillary sphincter to decrease pupillary aperture (*miosis*) while sympathetic stimulation leads to pupillary dilation (*mydriasis*). Again, this background is useful for understanding both adverse and beneficial drug effects on the eye.

Presentations

Despite constant exposure to potential pathogens the eye rarely develops signs of serious infections. Most so-called eye infections are, in fact, minor infections of the associated structures and again these generally resolve spontaneously and rapidly without complications. This is no reflection on the quality of care being given, nor on the effectiveness of the medications being used, high as these may be; instead it is a testimony to the formidable defence mechanisms present in the eye.

A well developed lid closure reflex mechanism reduced the chance of physical trauma and constant lubrication by tear fluid prevents frictional damage and avoidance of particulate contact with the highly innervated cornea. Tear fluid itself is a highly complex antimicrobial system containing lysozyme, immunoglobulins and viscosifying complexes. The conjunctiva, ciliary body and limbus contain immunocompetent cells and when the eye is challenged by microbial attack, systemic and cell-mediated immune responses are triggered as a further back-up system.

Conjunctivitis: Despite these formidable defence barriers, the eye structures commonly show signs of infection. Inflammation of the conjunctival tissue (conjunctivitis) when of infective origin, usually involves *Staphylococcus aureus*. *Pneumococci* are much less common, but are more worrying because of their potential threat to the cornea. *Haemophilus influenzae* may also cause conjunctivitis when associated with sore throats and colds; viruses are often thought to be responsible.

Conjunctivitis may, of course, be due to

This is one of a series of "cut out and keep" articles on OTC topics by Professor Alain Li Wan Po, professor of pharmaceuticals, The Queen's University of Belfast.

causes other than infections. Allergic conjunctivitis most commonly presents as pollen allergy, and associated symptoms of hay fever (sneezing, rhinorrhoea and nasal itchiness) make differential diagnosis from infective conjunctivitis easy. With pollen conjunctivitis, H₁ antihistamine therapy is the most logical approach.

Rarer cases of conjunctivitis include contact lens irritation and eye make-up conjunctivitis. In these cases, withdrawal of the irritant and the use of simple artificial tears (hypromellose eye drops) are adequate measures.

Eyelid problems: A number of infections affecting the eyelids may also be present with conjunctivitis. The most common are:

— (i) Styes (*Hordeolum*) — these are infections of the lash follicle and swelling of the eyelid is prominent. Pus is often seen at the base of the follicle and swelling of the eyelid is prominent. The condition usually resolves rapidly although recurrent and persistent cases may be seen in the presence of diabetes, which should be excluded.

— (ii) Blepharitis — just like styes this infection is most commonly due to staphylococcal organisms. Inflammation of the lid margins is more severe and generalised than with styes. Discharges may be copious.

— (iii) Meibomianitis (*chalazion*) or inflammation of the meibomian gland presents as an eyelid mass. The condition may be of infective origin and, if persistent, referral is important to avoid missing more serious conditions such as eyelid tumours.

Nasolachrymal duct and lachrymal gland problems: Infections of the lachrymal gland with inflammation (*dacryoadenitis*) is one of the rarer outer eye infections. It is probably of viral origin owing to its close association with mumps and glandular fever. Inflammation of the nasolachrymal duct (*dacryocystitis*) with pus is a more common condition which fortunately is usually self-limiting provided that there is no underlying chronic abnormality in tear drainage.

General management of the minor eye infections: Warm compresses following bathing with warm water is a useful first line measure. In many of the minor infections (conjunctivitis, styes, dacryocystitis, meibomianitis and blepharitis) this is often adequate. Simple antimicrobial eye drops and ointments may help and the choice centres round those containing propamidine (Brolene eye drops), dibromopropamidine (Brolene eye ointment) combinations. There is little evidence that any of these is superior to the others. Formulations containing mercuric oxide (Golden eye ointment) should no longer be used because of potential toxicity problems.

Dry eyes: In a number of individuals, impaired lachrymation leads to irritation of

the eyes and intense discomfort. This may take the form of inadequate fluid flow or changes in the quality of the lachrymal fluid (wetting or viscosifying qualities) and tear substitutes are required. Hypromellose eye drops are helpful but frequent instillation is necessary. Complex formulations containing agents such as witch hazel extract, allantoin, salicylic acid and local anaesthetic agents should preferably be avoided.

Conclusion

Minor eye problems tend to be self-limiting and active intervention is usually not necessary. Patients, however, often need a palliative and a number of the commonly used eye drops and ointments are justified. Complex formulations should be avoided and simple tear substitutes are commonly the agent of first choice. When vision is impaired, urgent referral is required.

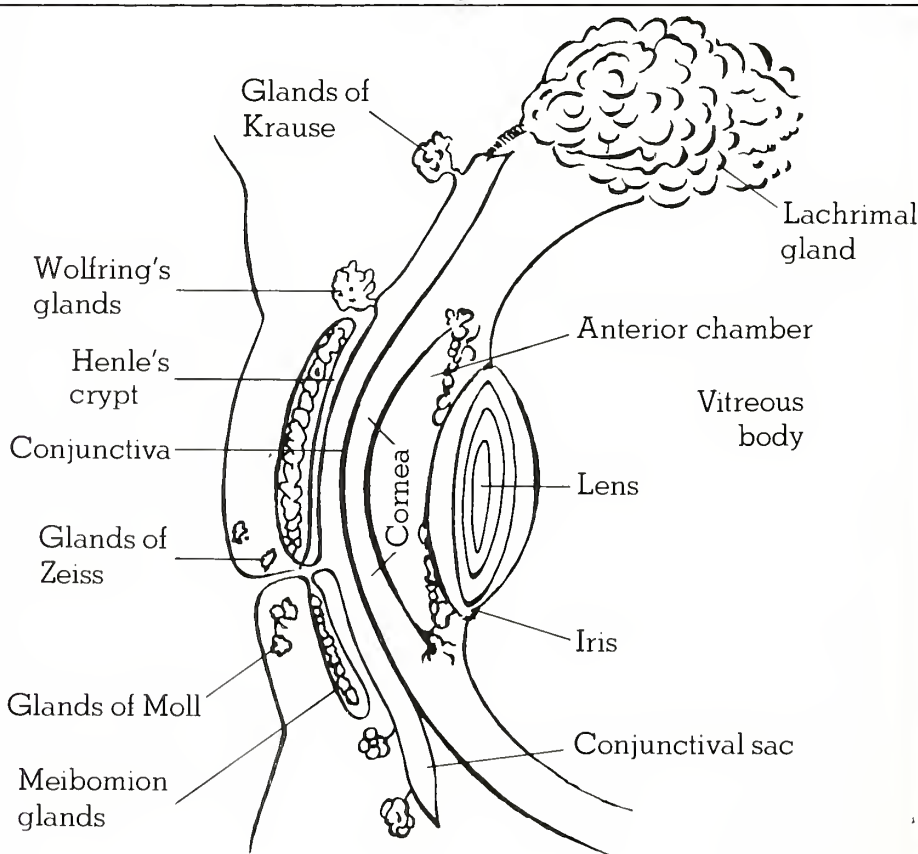


Figure 1. Anatomy of the eye

An upside down look at Summer

As we in Britain at last move into Summer (in theory at least) the Southern Hemisphere moves into Autumn. In the second of their series of occasional articles Dr Robert Parfitt and his wife Judith reflect on the Australian Summer.

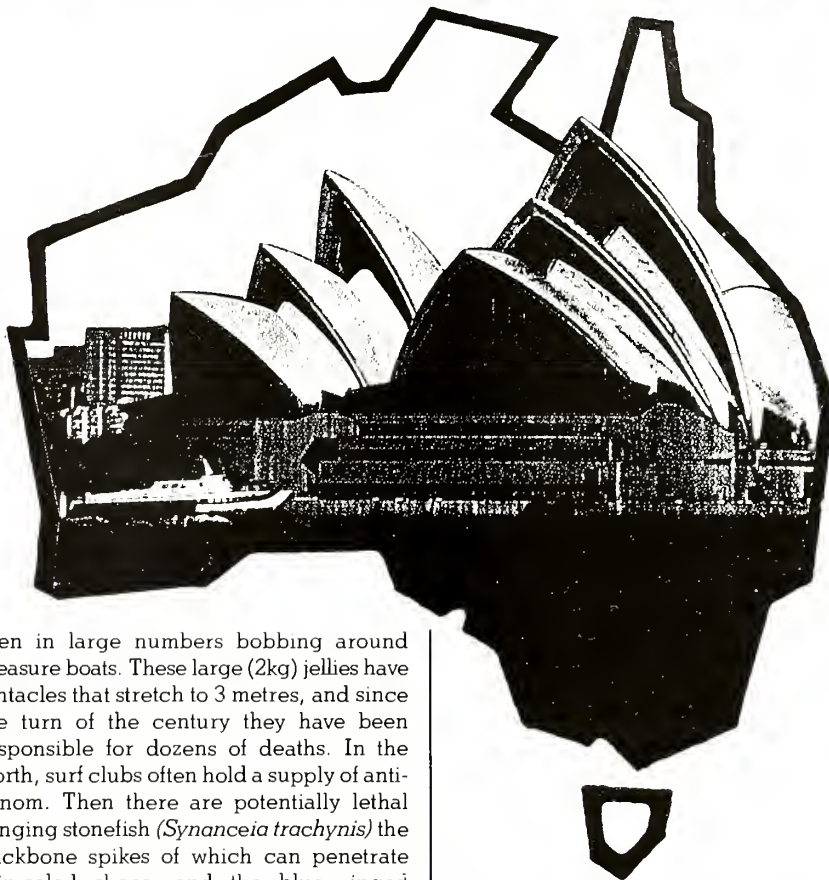
While Britain shivers in what often seems a never ending winter, and pharmacies are well stocked with products to treat the symptoms of colds and 'flu, it is the holiday season in the Antipodes. In Summer cricket in Australia is in full swing, and a large proportion of the Canberra population, if not already baking in the sun on the beautiful beaches of southern New South Wales, will rush there on Friday evening for a weekend's relaxation.

Days are sunny with temperatures comfortable between 25 and 35°C. On the coast the older, and perhaps wiser, folk avoid too much sun, but impetuous youth surfs, swims and bakes. A vast range of sunscreen agents is on sale ranging from total blackout to non-UV-absorbent oils and moisturisers. Pharmacy shelves are stocked high not only with these but also with the latest fad, coloured zinc oxide ointment in green, red, yellow and blue for applying to the nose and cheeks.

Skin cancer is a great concern, and as you go further North to Queensland and beyond to the Australia of the barrier reef, cancers are seen more often. Television advertisements extol the virtues of covering up, with the slogan "Slip-slap-slop" — slip on a shirt, slap on a hat, and slop on some sunscreen. Seaside pharmacists can offer sound advice on protection against the sun, and as well as selling sunscreens, they have sunglasses, tee-shirts, hats (without corks) and eyeshades in abundance.

The Australian coast is a delight. The crowds at Bondi, the Queensland Gold Coast and city beaches are the exception. Most beaches are only lightly populated and are unspoiled. Wildlife is abundant — pelicans, sea eagles, osprey, parrots, fish galore and several nasties. A while back we trod warily over a beach strewn with blue bottles (*Physalia physalis*), a venomous jellyfish with long stinging tentacles. Although its sting is not lethal, it is extremely painful.

Further North along the barrier reef the box jellyfish (*Chironex fleckeri*) has been



seen in large numbers bobbing around pleasure boats. These large (2kg) jellies have tentacles that stretch to 3 metres, and since the turn of the century they have been responsible for dozens of deaths. In the North, surf clubs often hold a supply of anti-venom. Then there are potentially lethal stinging stonefish (*Synanceia trachynis*) the backbone spikes of which can penetrate thin-soled shoes, and the blue ringed octopus (*Hapalochlaena maculosa*), quite a small fellow with more than enough tetrodotoxin in its saliva to cause respiratory collapse in an adult. Pharmacists practising on the coast here have to be aware of these hazards, of what emergency action to take, and where stocks of anti-venom are likely to be found.

City hazards

Even in city suburbs life can be quite exciting. Just this morning when walking to the shops we saw a red-backed spider (*Lactrodectus mactans hasselti*) spinning a web on a log barrier bordering the local playing fields. Hundreds of people receive a sting from this relative of the black widow every year. More often than not the bite is painful but little more. Occasionally, however, it can prove serious and may result in death. There are many other biting spiders as well as bees, indigenous wasps, hornets and ants. From time to time the local Press reports sightings of the very venomous and rather aggressive Eastern Brown Snake (*Pseudonaja textilis*) in gardens of outer Canberra suburbs. Brown snake venom contains a potent anti-coagulant and if anti-venom is not quickly to hand the bite can be fatal. Hospital pharmacies keep good stocks

of a range of anti-venoms, although we should add that during the past 18 months our local hospital has had no calls for them.

We would hate to leave you with the impression that Australians live in constant fear and trepidation of spiders, snakes and jellyfish. Most of the time we are oblivious to them. There are very few incidents with venomous animals and so far we have yet to see a brown snake.

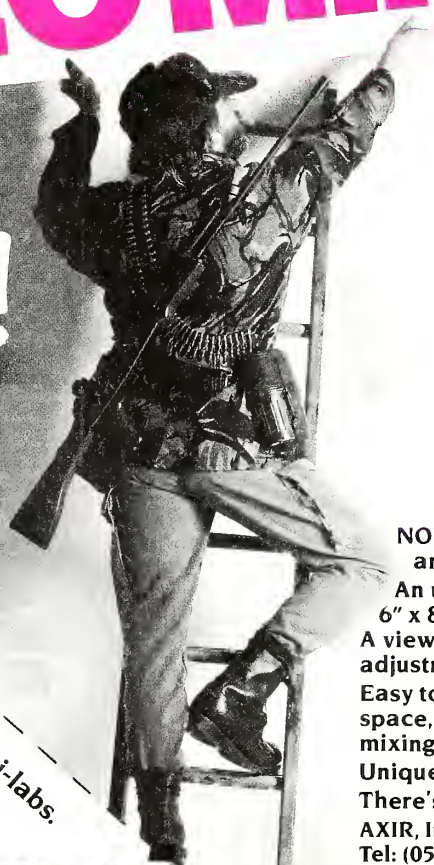
There is, however, one stinging insect that the people of Canberra fear — that dreadful menace the recently imported European wasp (*Vesula germanica*). Outdoor Aussies drink their beer straight from the can and youngsters do much the same with sugary soft drinks. Therein lies the potential danger. The Euro-wasp is attracted to sweet drinks and a sting in the mouth or throat can be very dangerous. So far these wasps are very rare. Nests are eradicated whenever they are found.

Although we have a lot of stinging creatures, the wasp we would rather do without.

Dr Robert Parfitt is deputy vice-chancellor (research) at the University of Western Australia and Judith Parfitt is a hospital pharmacist.

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Society's PR raises his flag

Were I to allow the comments by Xrayser (*C&D*, May 30, p1035) to pass without response I should most certainly be failing in my duties.

First, the President of the Society was entirely correct when he told Branch Representatives that there is now an unprecedented recognition of the role of the pharmacist as part of the total health care team, whether in the community, hospitals, industry, or academia, and research data is available to endorse his point. However, it is important to realise that this situation has not been brought about by a single advertising campaign.

There can be no question that the National Pharmaceutical Association's campaign has been anything other than highly successful and has effectively reached one of our target audiences — the public who look to pharmacy for guidance. It would seem appropriate to point out that, in his speech to the Society's annual meeting, Dr Booth actually singled out this particular campaign for special praise in raising the profile of the community pharmacist.

Second, Xrayser does not appear to realise that there are many aspects of "publicity," not all of which are easily visible but which, when taken together and only then, contribute towards increasing awareness of a product, a service, or a profession. For example, the Society was the only body representing pharmacists to give oral evidence to the House of Commons Select Committee on Social Services, thus influencing the part of that Committee's report on the Primary Health Care document which dealt with pharmacy very positively indeed.

The Society was able to press for, and achieve, a personal meeting with the Health Minister in order to make clear to him the urgent need for action to alleviate the problems of the NHS in hospital pharmacy. The 1986 "road shows" dealing with the Green Paper on Primary Health Care gave the Society and other pharmaceutical bodies the opportunity to make pharmacy's case before Ministers, senior Civil Servants, the other health care professions and consumer organisations.

Bruce Rhodes, the assistant secretary of the Society, has worked tirelessly with other related organisations in getting the "Health Care in the High Street" campaign to its present level of success, thereby once again raising the profile of community pharmacists in health education. The number of the Society's Branch PROs who

have made radio or television broadcasts has increased ten fold in the past twelve months and many of these pharmacists have attended the broadcast media training sessions organised by the Society.

Xrayser is making a common, but nevertheless serious, error, when he (or she?) attempts to apportion responsibility for pharmaceutical PR and publicity to one or other of the representative bodies. Since I joined the Society at the beginning of this year I have made a conscious effort to liaise with my counterparts in the NPA and the PSNC and we are currently working on several joint projects (including the 1988 Pharmacy Week) and details of these will be made known when they are finalised.

Finally, Xrayser must not fall into the trap of thinking that there is anything like a "warm feeling of well being" at Lambeth, nor, I suspect, at Aylesbury or St Albans. We all realise that there is still a very big job to be done in public relations terms, not least among the membership itself. The Society's President did, however, feel it appropriate to say that pharmacy had gained in stature during 1986, a year in which the profession was undoubtedly under very close scrutiny.

Colin C. Woolford

Director of Public Relations, PSGB

Limited vision on GP dispensing?

Let me assure Xrayser that I was not seeking sensational headlines regarding compensation for a limited company owned directly or indirectly by a dispensing doctor (*C&D*, May 16), but to be a good chess player one must not only know the rules of the game, but also all the possible moves of the other side.

The idea that dispensing doctors might receive compensation for giving up their dispensing practices is only the consequence of them deciding to open a pharmacy in a rural area as their defence in protecting their position against an incoming pharmacist. After all, haven't we just had an Act of Parliament passed to protect our own businesses! Under the rules of the new contract the dispensing doctor-owned pharmacy would also receive the Essential Small Pharmacy Allowance (up to £23,000) — of course, he would have to employ a superintendent pharmacist, but some might see that as an improvement. But money for this will come from all contractors!

Finally, I do agree with Xrayser regarding the ownership of pharmacies; that such situations could have been avoided if the ownership had remained with the pharmacist and not opened up to limited companies — the original piece of protective legislation for pharmacy!

E.M.Thornton

Poole, Dorset

'Thanks' from Isle of Man

I write to thank the pharmacists who voted for me in the recent Council Election and, indeed, all who expressed an interest in my candidature. My congratulations go to those successful with the hope that they will take action to implement my policies.

Although unsuccessful, I am not disheartened. I regard the election result as an opportunity to reconsider some British Pharmaceutical Association policies, and as a spur to greater effort. Perhaps further consideration should be given to regional representation on

continued overleaf

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continued from p1161

Council. For myself I recognise that coming from a small community like the Isle of Man, it is difficult to know mainland colleagues personally, and this is a disadvantage in taking part in national policy.

If any pharmacist has sensible suggestions to make on how BPA may develop I should be grateful to receive their comments. Please write to me at 44 Duke Street, Douglas, Isle of Man. My executive intend to take account of all the remarks made about BPA in the last two years so that we can properly fulfil our intended role as a truly democratic and worthy voice within pharmacy so as to enhance this fine profession. If you wish to take part in this process please join us.

Charles Flynn
Chairman BPA UK

Identical twins?

In reply to "Caveat Emptor" and Ashwin Janna.

Q1. If Eusepium and Septum are identical is the same thing, not merely

therapeutically identical) and Wellcome say they are, then what is the Society's objection to the supply of the product? Wellcome make it plain that their objection relates only to finance.

Q2. If such a "subsumption", which does not endanger the patent or cost the NHS money is viewed as unethical, then, why does the Council not consider it unethical for one pharmacist to "steal" another pharmacist's livelihood in the ugly practice of leapfrogging.

Q3. If the track of parallel importing is bad, fraudulent and evanescent and has been tackled properly by the DHSS and the PSGB, why is it now legal?

D. Liston
Wardley, Birmingham

'Which?' doctor

Kreyser's observations on the "Which?" survey (C&D May 18, p921), and the low rating given to patients for the so-called pharmaceutical services provided by doctors, raises an interesting question. Are the patients not confusing the

dispensing services provided by untrained and un-supervised lay-people on behalf of so-called dispensing doctors, with the professional pharmaceutical services provided by community pharmacists?

K.J. Knight
Crenknerne, Somerset

'Fun run' raises Childline £1,000

I would like to thank all the companies and particularly Messrs William Davidson, who generously sponsored the staff of Charles Michie and associated companies in the City of Aberdeen Milk Marathon 'Fun run'.

Thirty-five members of staff, all sporting National Pharmaceutical Association T-shirts took part and have so far collected over £1,000 in aid of Childline. Outstanding pledges and contributions will be gratefully received.

Charles A. Michie
Aberdeen

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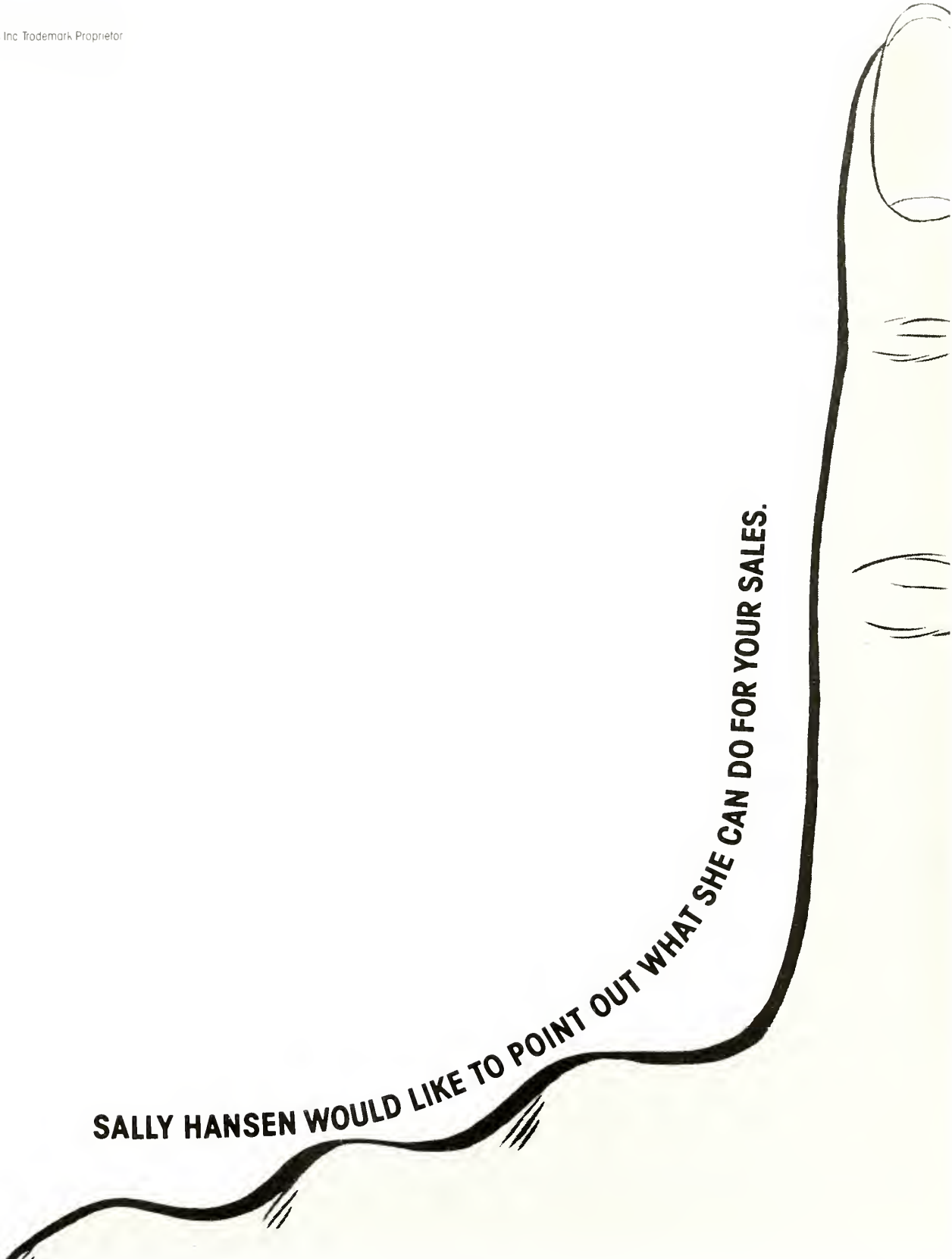
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Unichem plan to buy and sell Drummond

Unichem managing director Peter Dodd has confirmed trade rumours that the wholesaler is interested in buying the 112-strong Gordon Drummond Chemist chain from the troubled Guinness Group.

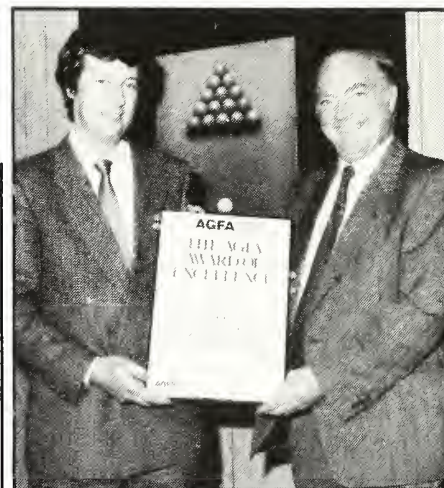
"If our approach is successful we would break the chain up and sell the shops into independent hands," he told *C&D* this week. Any independent would be eligible, although Unichem members would receive a priority. And purchasers would be expected to become Unichem customers if they are not already.

Unichem have officially informed Guinness bankers Lazards of their interest. The sale memorandum is expected next week. Mr Dodd guesses it will not value the chain at anything less than £20m.

Rival wholesaler Macarthy's and Asian accountant Arundbhai Patel are among

many others said to be interested in Guinness' retail businesses, although it is not certain whether they are looking at the chemist side, which includes wholesalers William Davidson and James Taylor, or the 1,100 newsagents which form the other of the group to which Drummonds belongs. Mr McLachlan, group marketing director, said it was too early to say whether the pharmacy and newsagent business would be sold separately or as a package. "That will only be apparent towards the close when it becomes clear who the interested parties are," he said.

The Unichem Board has been considering the idea for some time. "Many pharmacists who might have been interested in sections of the business will not be considered so we decided to go in for the lot on behalf of them all," said Mr Dodd. He confirmed that Unichem would expect to at least break even in disposing of the chain.



Alpine managing director Nigel Greenstreet (left) is presented with the "Agfa award of excellence" certificate by divisional director John Childs. The award, which Alpine won for the fifth consecutive year, was presented during the opening of their 3,500 sq ft professional laboratory in Sheffield last month.

VAT cashflow problem soon?

Pharmacists could face major cashflow problems this month as a breakdown in the VAT computer means that it cannot make any repayments.

The fault developed over the last Bank Holiday weekend but due to industrial action over the Civil Service pay dispute, it has not been rectified. Customs and Excise officials say that once repayments resume, repayment supplements will be made where appropriate.

But George Raven, of the National Pharmaceutical Association says, the backlog could cause members delays which could lead to financial problems. They are encouraging and collaborating with the PSNC to request increased advance payments from the Department of Health — a move taken when similar problems occurred during the last C&E

strike. As *C&D* went to Press the PSNC were still waiting for a reply.

The shopworkers' union, USDAW, has launched an attack backed by mass leaflet distribution, on the Conservative Party's Manifesto proposals on Sunday trading, which it sees as a threat to legalise a major extension of Sunday shopping.

R&C deal with Beecham

Reckitt & Colman have announced a £12m deal with Beecham, by which they are licensed to manufacture, market and distribute Beecham brands in Australia and New Zealand.

Beecham will be paid royalties on all sales of products including Macleans, Eno, Brylcreem, Bovril, Locozade, Ribena, Horlicks as well as some local brands, said the company at its AGM.

Sale force

A clearer, modernised Sale of Goods Act may be the result of a report passed to Ministers last week by the Law Commission and Scottish Law Commission.

The report was formulated from a Green Paper, modified by the response of retailers, commerce and academics, back in 1983. It suggests that the 1979 Sales of Goods Act's assertion that goods should be of "merchantable quality" is unclear, and says it should stress that it is the seller's job to sell goods of an "acceptable" quality — covering minor defects, durability, safety and finish. It also includes a recommendation that where someone has bought a quantity of goods and only some are defective, the buyer should be able to keep those that are satisfactory and return the others.

Consumers would still be able to reject goods within a reasonable period, but the commission has not offered a definition of what the period should be.

They began their review after a private Member's Bill, which attempted to broaden the Act's definitions, was introduced and then withdrawn from Parliament in 1979. The Commission, a body independent of consumer and retail interests, says the issue is now in the hands of the Government.

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Boots beat back drug stores with pricing policy

Boots appear to have pulled through the hard times of the last couple of years, and presented figures slightly above City expectations last week.

Pre-tax profits were up 15.4 per cent at £242.8m for the year to the end of March. Turnover at £2.35bn was up 10.6 per cent on the previous year. A final dividend of 5.2p per share has been recommended, and a profit sharing bonus of £18.2m.

Retail sales in real terms grew faster than for some years, group finance director Peter Courtney reported. Turnover in the retail division was £1.8bn (up by 9.4 per cent) and profit excluding property was £123.4m (up by 10.8 per cent). Property profits were £21m.

Sales are exceeding expectations in Boots new Children's World stores, said retail division managing director Keith Ackroyd. Three stores have been opened, a further two are planned in Rotherham and Bristol over the Summer, and four more next Spring.

Mr Ackroyd said he envisaged 40 stores, each of around 27,000 sq ft, by the end of the decade.

A new subsidiary, Boots Opticians Ltd, was created in January. With 240 practices (107 in Boots the Chemists stores and 133 free standing) it is now the second largest in the country.

"The reorganisation of the management structure of Boots the Chemists has been successfully completed and the eight new business centres are producing positive results," said Mr Ackroyd. But NHS business has come under pressure due to many new pharmacy openings. The number of scripts dispensed is up by only 0.2 per cent compared to 3.2 per cent nationally.

Boots say they have succeeded in fighting off competition from drug stores in the toiletries sector and claims a 0.8 per cent increase in share over the past two months to 25 per cent. "The costs for this aggressive pricing policy have been offset

by changes in the product mix and margins for non-NHS business have been broadly maintained," said Mr Ackroyd.

Other growth areas are in cosmetics and perfumery, cameras and film processing and disposable nappies. Four stores are currently using an EPOS system and 40 more stores are planned to go on-line next year.

Selling space in Boots stores has increased by 1 per cent while sales per sq ft have risen by over 8 per cent. Selling space will increase over the next few years as stores are relocated to larger premises within the confines of the new contract, said Mr Ackroyd.

Capital investment in UK retailing last year was £62m, and £105m is to be spent in this financial year. Over 300 small Boots stores will be refitted by next March and the number of in-store photo mini-labs will double (91 were introduced last year). Sports departments are coming out of larger stores, but new initiatives on the "shop within a shop" theme will be introduced including gift shop, bath shop, fashion accessories and mens shop.

It has been a busy year for the industrial division which produced the biggest rise in profits. The Flint business acquired in September amid much critical comment, contributed £10.4m in its first four months. Divisional sales increased 15.4 per cent to £467.3m, with trading profit up by 26.9 per cent to £84.5m. Pharmaceuticals were up by 9.9 per cent and consumer products by 19.1 per cent.

Reorganisation of the Boots Co (USA) is well under way, integrating Flint and Boots' existing business. Some redundancies are planned in the salesforce. Capital expenditure has fallen by £21.1m on the completion of the Shreveport factory and research facility.

R&D expenditure rose by 17.7 per cent. Flosequinan, for cardiac failure and hypertension, is in stage three clinical trial in nine countries. Boots hope to lodge marketing applications by late 1988.

customers had gathered as early as 6.30 on the first morning. A Ford Fiesta, parked at the station, is advertised as first prize in a competition to which entry is free with every developing and printing order.

The pharmacy, about 1,500 sq ft and described as "average city size" for an Underwoods branch, will open from 7am-7pm at least on weekdays and possibly Saturdays. There are two full-time pharmacists.

Long queues at 50th Underwoods

Underwoods opened their 50th branch on Tuesday.

Situated on London's Waterloo station, the pharmacy offered free developing and printing on the first 500 colour films brought in, and a long queue of hopeful

Barclays make connection

After weeks of doubt and discussion, Barclays finally launched their Connect cheque replacement card on Wednesday.

It will allow instant debit of the card holders account by an electric POS process. The cat was let out of the bag (as suggested by Barclay's massive poster campaign) to meet a cautious welcome. The Retail Consortium announced only last week that it had reached some agreement with Barclays which would have no inflationary consequences, but says it will continue to monitor negotiations. That agreement included assurances by the bank that the Connect card charges will be based on a separate lower transaction fee unrelated to value.

Boots are one of the larger retailers who have reached agreement over the card. A company spokesman told *C&D* they had negotiated a flat rate charge which ensures no disbenefit to them or their customers. And he added, that as part of the Retail Consortium the company has stressed and received assurances that smaller retailers would not be at a disadvantage. A Barclay's spokesman said they were confident they would reach a transaction fee acceptable to all retailers. They have assured the Retail Consortium that those who have not yet negotiated with them will not be disadvantaged against those that have.

As the Connect Card is under the Visa umbrella — the two will be linked, so one must be accepted with the other, though they say there is no threat of Visa removal during the negotiating period, which may last some weeks. The Consortium says it intends to discuss this matter with the Office of Fair Trading.

And National Pharmaceutical Association director Tim Astill told *C&D* that while they welcome the principle of the card, they think members who do not find Visa appropriate to the size of their business should be able to accept Connect on their own, they also fear discriminative pricing between larger and smaller companies due to the former's muscle.

□ Last week the Office of Fair Trading announced that the Monopolies and Commission will investigate the credit card market — looking at both Access and Visa, and examining the interest rate issue. While Connect is presently excluded a report in the *Financial Times* said OFT director general Sir Gordon Barrie has threatened to investigate it. He will be looking into the fees charged to small retailers.

Macarthy go back to Nature

Macarthy's plc this week acquired Natures' Store Ltd, a wholesale healthfoods supplier, for a maximum consideration of £1.7m.

Around £1.6m of the consideration is being met by the issue of Macarthy shares; £300,000 on completion, £1m in March 1988 (subject to possible reduction after a complete balance sheet is prepared), and the remaining £300,000 in June 1991. The shares issued at completion are being

placed on behalf of vendors with institutional investors. Macarthy will pay £100,000 in cash for the redeemable preference shares on completion.

Natures' Store serves the South of England from Avonmouth and Redruth, where there is also a healthfood packaging operation. Its purchase complements Macarthy's acquisition of retail healthfood specialist Lifecycle, in February, says chairman Nick Ward. "It represents a further step by the Group into this expanding market sector. Natures' Store will have access to resources to expand its geographical base and improve its competitive edge".

Kodak 'Ektra' shop trial over

Kodak's 18-month experiment in retailing at four outlets in the South of England ends this week with the closure of the company's "Ektra" shops, located at Brighton, Hove, Eastleigh and Southampton.

Kodak began the market trial in 1985 to gain up-to-date experience in retailing, in order to better formulate marketing plans, and ultimately provide a better service to

customers. "We now have a better understanding of the problems and opportunities that a retailer has to face," says Peter Blackwell, national sales manager, for Consumer Products Division.

"Today's retailing environment is constantly changing from both the commercial and technological viewpoint," he continued, "our experience at our 'Ektra' retail outlets has increased our knowledge and will certainly help in developing marketing and sales plans to match today's retail environment."

EAN on file

EAN bar codes are now on the official PIP file and included in weekly disc update service from Fairsan.

The new Norfrond systems low cost

370FX tills, with over 10,000 price lookups and a hand held scanner will be in action at the NPA Show on June 21 along with Fairsan's latest EPoS software. Also on display will be the MSI portable Datapen 2, with 8k memory, which is said to be ideal for branch input of stock receipts.

Peacock profit

Nurding & Peacock have announced pre-tax profits of £17.4m, a £1.7m increase from 1985.

In the cash and carry wholesalers' annual report, chairman W.M. Peacock

announced a final dividend of 2.85p per share, and said the company hoped to open its new branch at Paignton this July, Epping in October, and a new depot in Derby early next year. Nurding & Peacock are also in the process of carrying out a 35,000 ft extension on the Dagenham branch.

A drink to celebrate

Colman's of Norwich Robinsons drinks have won three awards in the squashes and cordials class of the largest ever British Bottlers' Institute soft drinks competition.

Silver medals were awarded to the apple juice drink and original high juice lemon squash. Their apple and raspberry juice drink received a Diploma for Excellence in the same class.

Beauty International Fragrances have taken over the British distribution of Classic Sales fragrance brands. Beauty International, who already market Coty and Goya, see the acquisition as a forerunner of a fragrance division.

The Ins and Outs of VAT is a new document recently published by HM Customs and Excise. It is designed for the small trader, explaining the basic concepts of VAT and reflects the new partial exemption rules which came into force on April 1.

AIDS and the pharmacist

The Square Association annual lecture on "AIDS and the Pharmacist" will take place at 7pm on June 9 at The School of Pharmacy, University of London, 29-39 Brunswick Square, London.

Mr Bill Nelles, drug education officer of the Terence Higgins Trust, will present the lecture. Tea and biscuits from 6pm, and admission is free.

The Square Association AGM is on June 24, 7pm, at the School of Pharmacy.

Spain again

The 1988 Unichem golfing holiday will take place once again in La Manga, Spain, next April by popular demand.

A choice of accommodation is available — hotel or apartment — and prices range from £270 to £390 for one week. The price does not include green fees which will be subsidised, say Unichem. Flights are available from Manchester, Glasgow and London. Further details from Bill Hart, Unichem House, Cox Lane, Chessington, Surrey.

Monday, June 8

Plymouth and District Branch, Pharmaceutical Society, 8pm, the Board Room, Derriford Hospital, Plymouth. Speaker Mrs Joan M. Dew, MPS, of Newton Abbot on "Homeopathy".

Tuesday, June 9

Lanarkshire Branch, Pharmaceutical Society. The car scavenger hunt has been cancelled.

National Pharmaceutical Association, seminar on companion animal medicines, 8pm, Crest Hotel, Filton Road, Hambrook, Bristol. Speakers Mike Reynolds, chairman of Vetchem, and George Gunn from Janssen Animal Health. Buffet, from 7.30pm.

Thursday, June 11

Halifax and District Branch, Pharmaceutical Society, 7.30pm, Car Rally, the Halfway House, Savile Park, Halifax.

Advance information

Association for the Prevention of Theft in Shops (APTS) Conference, July 8, Grosvenor House. Further details APTS, tel: 01-839 6614/5.

International Federation of Societies of Cosmetic Chemists, September 17-18, the Konferenz-Zentrum Arabella Hotel, Munich. Further details Dr R. Muller, German Society of Cosmetic Chemists, c/o Dralle GmbH, Grundgensstr. 6, 2000 Hamburg 60.

Shopex International, June 14-18, Olympia, London. Further details from Christine Wright, sales manager, AGB Exhibitions Ltd, Audit House, Field End Road, East Cote, Middlesex HA3 9BR.

The Society for Drug Research, July 9, the School of Pharmacy, University of London, London WC1. "Recent Advances in Medicines from Plants". Further details from Barbara Cavilla (Secretariat), tel: 01-581 8333.

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Obituary: Sir Hugh Linstead

Sir Hugh Linstead, a distinguished pharmacist and former Member of Parliament, died on May 27 after a short illness.

Born in Brighton in 1901, he was educated at the City of London School, Birkbeck College and the Pharmaceutical Society's School, becoming a pharmaceutical chemist in 1923. He was called to the Bar by the Middle Temple in 1929.

He was appointed assistant secretary of the Pharmaceutical Society in 1924, taking over as one of the youngest secretaries and registrars after the sudden death of Sir William Glyn-Jones two years later.

One of his first tasks was to negotiate on the pharmacy Acts, resulting in the passing of the Pharmacy and Poisons Act 1933, which placed government of the profession firmly with the Society's Council, linked membership with statutory registration, and established the Statutory Committee and Society's inspectorate.

Sir Hugh resigned as registrar in 1949 but continued as secretary until his retirement in 1965. He then became chairman, Macarthy's Pharmaceuticals, and a director of Savory and Moore Ltd.

He entered Parliament in 1942, as Member for Putney, a seat he held until 1964. As an MP he was Parliamentary Charity Commissioner, chairman of the Parliamentary and Scientific Committee and chairman of the Franco-British Parliamentary Committee.

An obituary in *The Times* last week describes him as "a solid, centrist backbencher... a man widely respected for his commonsense and his dedication to keeping the party on an even keel." *The Daily Telegraph* says he was regarded by Government Whips as "a solid and reliable party supporter on mainstream political issues. He rarely intervened on matters outside his specialist interests." He strongly supported the Beveridge Report and then the Labour Government's plans for a National Health Service.

He was also a member of the Medical Research Council, the Poisons Board and the Safety of Drugs Committee. He attended congresses of the International Pharmaceutical Federation from 1923, representing Great Britain on the Federation continuously since 1926, and was appointed president in 1953. In 1949, with Frank Arnal, president, *Ordre*



Nationale des Pharmaciens in France, he founded the Franco-British Pharmaceutical Commission.

Sir Hugh was knighted in 1953, having been awarded an OBE in 1937. He was made a Commander of the Legion d'Honneur of France in 1960 and was a Knight Commander of the Order Al Merito Sanitario of Spain. He received honorary doctorates in law from the universities of both British Columbia and Toronto. In 1972 he was awarded the Society's Charter Gold medal.

His wife died in 1978 and he is survived by two daughters.

Pearson: Stephen, suddenly, aged 40. Grunwick Processing Laboratories, where Mr Pearson worked as a manager in the customer relations department, write: "He was particularly responsible for the Fotocolor dealer network and was well known in the chemist trade. His long association with the Grunwick Group started when he left school. The accident took place on the last day of his holiday in Minorca while scuba diving with friends. The actual cause of his tragic death is not yet known. Stephen will be greatly missed by all who knew him."

New lectureship

A Wellcome Foundation lectureship is to be established in the University of Strathclyde Department of Pharmacy.

A Wellcome donation will allow the appointment to continue for about five years and includes some funding for research. Pharmacist Norman Shankland, who will graduate with a PhD from Strathclyde later this year, has taken up the new post.

Mr Shankland was four times winner of the James Taylor Prize Medal.

BPA(UK) has no Moonport!

The National Pharmaceutical Association has been taken to task by the British Pharmaceutical Association for an entry in the NPA Show Directory.

The entry says: "British Pharmacists Association BPA (UK). Operating name of Moonport Ltd, an off-the-shelf company set up by half-a-dozen pharmacists opposed to the 1985 contract proposals. Purports to represent all pharmacists, but membership not disclosed."

But BPA chairman Charles Flynn says Moonport has nothing to do with BPA.

"We are an association of pharmacists who hold views on matters of pharmaceutical concern including the new contract, some in line with establishment thinking, some not. We aspire to represent the majority of the profession in due course," he said.

NPA director Tim Astill commented: "I thought we were doing them a favour by listing them under pharmaceutical organisations. I think that is more than fair. We might be wrong about Moonport, but we stand by the rest".

APPOINTMENTS

Knoll Ltd: Pharmacist Dr John Edmunds is appointed managing director. He joins the company from Searle and will be replacing Albert Gussmann who is moving to Germany to take up a post with the parent company.

Taylor of London: The company have appointed four new area sales managers: Robin Draycott, responsible for the Midlands, Anthony Hemphill, for the south west, Tom Simmonds, for the south east, and for the north, Howard Johnson. With a full sales force now covering England, Wales and Scotland, Taylor say they will be increasing the number of calls and improving account servicing.

Unichem: Mike Smith has been appointed a director. He has been a member of the wholesaler's West Country regional committee for four years.

Upjohn Ltd: Theodore Cooper, currently vice-chairman, has been elected chairman and chief executive, assuming office on July 1. He will succeed Ray Parfet who is retiring. And Lawrence C. Hoff, the company's president, will take on the additional office of chief operating officer.

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Chemist & Druggist 6 June 1987

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